Porm V. S. 4

INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

che	eter heion	In Harlie	0 81
Full name of deceased,	-car ready	on vage	Age
Place of death Hunting	on on	disus Date of	death Mev. 12-1948
Tity of Colin	y' , D . L.	(State)	
Cause of death	rephriles		
Method of disposal Bus	ilal Pal	estine ta	lestine Ind
(Whether burial cremation trans	, storage, etc.) (Cemete	ry or crematory/	(City or county) (State)
Funeral director allas & As	foms Ad	dress Hunder	igton ond
	PERM	IT (/
A certificate of death having been filed as required by the laws of Indiana, permission is hereby given to dispose of the body as above stated.			
Date	Ci	16	Balkerills
Date		nature	(Health Officer)
	Ad	dress Hunti	igton and
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW			
Body was		19in	
(Cremated, buried, stored, etc.			(Cometery or crematory)
Place	Sig	nature	
		(Sext	on or person in charge)
This Permit should be endorsed by the Sexton (or Funeral Director where there is no Sexton) and carefully preserved.			