

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Robert G. Burns Age 82
 Place of death Rochester Ind. Date of death June 11/8
 (City or County) (State)
 Cause of death Cancer of Liver
 Method of disposal Burial Palestine Cemetery Ind.
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Meyer & Jaquet Address Abnon Ind.

PERMIT

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 June 14/8 Signature W. L. Esterson
 (Health Officer)
 Address Rochester Ind.

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on _____ 19____ in _____
 (Cremated, buried, stored, etc.) (Cemetery or crematory)
 Place _____ Signature _____
 (Sexton or person in charge)

This Permit should be endorsed by the Sexton (or Funeral Director where there is no Sexton) and carefully preserved.

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION