

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

848

No.

BURIAL-TRANSIT PERMIT

Full name of deceased John Moore Age 79
 Place of death So. Bend Ind. Date of death Sept. 30, 1948
(City or County) (State)
 Cause of death Cerebral Hemorrhage
 Method of disposal Burial Palestine Palestine Ind.
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director L. J. Hickey Address So. Bend, 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 Oct. 2, 1948 Signature [Signature]
(Health Officer)
 Address

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.