

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4



**INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

BURIAL-TRANSIT PERMIT

No.

Full name of deceased: James Franklin Bear Age 76
 Place of death: Kosciusko (City or County) (State) Date of death: 2-8-48
 Cause of death: Myocarditis
 Method of disposal: Burial (Whether burial, cremation, transit, storage, etc.) Palestine Kosciusko Ind. (Cemetery or crematory) (City or county) (State)
 Funeral director: Chas. W. Tucker Address: Claypool 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: 2-11-48 Signature: Chas. W. Tucker (Health Officer)
 Address: Claypool, 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.