Porm V. S. 4

INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

10. 83	2.	А	
To. 0.2	1		

Full name of deceased Emma Hou	vard Age 70			
Place of death Latayetto	Soutana Date of death 1-19-49			
City or County)	(State)			
Cause of death Coronary Failure	Terminal Preumonia			
Method of disposal Surral (Whether burial cremation, transit, storage, etc.)	Cemetery or crematory) (City or gounty) (State)			
(Whether burial cremation, transit, storage, etc.)	(Cemetery or crematory) (City or county) (State)			
Funeral director Faul Bilby	Address Wars av Indiana			
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	Signature A. Baues M. N.			
	Address Lofayette Jud			
CEMETERY OR CREMATORY AUTHORITY SHALL FILE OUT SPACE BELOW				
Body was on on				
(Cremated, buried, stored, etc.)	(Cometery or crematory)			
Place	Signature			
	(Sexton or person in charge)			
This Permit should be endorsed by the Seyton (or F	uneral Director where there is no Serton) and corefully preserved			