

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased James Liston Harris Age 86

Place of death Gary, Ind. Date of death 1-16-42
(City or County) (State)

Cause of death Cerebral Hemorrhage - Arteriosclerosis

Method of disposal Burial Palestine, Palestine, Ind.
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)

Funeral director Williams + Burns Address Gary, 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 1-19-42

Signature D. Bruce Brown, M.D.
(Health Officer)

Address Gary, Indiana

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.