

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 Lydia McCoy Age .....

Place of death Logansport (Cass) Ind. Date of death Feb. 26, 1942.  
(City or County) (State)

Cause of death .....

Method of disposal .....

Funeral director John W. ... Address Marion Ind.  
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)

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 H. M. Shultz M.D.  
(Health Officer)

Address Logansport, 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.