

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 224

Full name of deceased Ralph M. Farland Age 53
 Place of death Mishawaka Indiana Date of death Oct. 13 - 1942
 (City or County) (State)
 Cause of death Carcinoma of liver
 Method of disposal Burial Palestine new tower Ind.
 (Whether burial cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Fred H. Bubb Address Mishawaka, 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 Oct. 16, 1942 Signature B. J. Wyland, M.D.
 (Health Officer)
 Address Mishawaka, 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.