Porm V. S. 4

INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

Full name of deceased Auanita	Yoser Age 15
(12/2000)	Indiana Date of death 3-1-1942
Place of death (City or County)2	(State)
Cause of death Skull Practic	ue_
Method of disposal Surial (Whether burial cremation, transit storage, etc.) Funeral director Paul gardio	Palestine Palestine Ind. (Cemetery or crematory), (City or county) (State) Address Harsaw, Ind.
PERMIT	
A certificate of death having been filed as required to of the body as above stated. Date Moscl 4, 1942	Signature S. W. Schlemmer Address Harsaw, Indiana
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW	
Body was	
Place	Signature (Sexton or person in charge)
This Permit should be endorsed by the Sexton (or Funeral Director where shere is no Sexton) and carefully preserved.	