

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 3

Full name of deceased Orypha Shoemaker Age 71
 Place of death Kosciusko Ind Date of death 1-25-
 (City or County) (State)
 Cause of death Aortic Stenosis
 Method of disposal Burial Palestine Kosciusko Ind
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Johns Funeral Home Address mentone

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 1-27-1941
 Signature A. W. Johns
 (Health Officer)
 Address mentone

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Jan 27 1941 in Palestine cemetery
 (Cremated, buried, stored, etc.) (Cemetery or crematory)
 Place Palestine Signature J. H. Fisher
 (Sexton or person in charge)

This Permit should be endorsed by the Sexton (or Funeral Director where there is no Sexton) and carefully preserved.