Form	V.	s.	4
		1.	

INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

BURIA	L-T	RAN	SIT	PERM	IT
-------	-----	-----	-----	------	----

600 111 1.	100 0 6				
Full name of deceased Cligateth UM	ella lak Age /3				
Place of death Wassel India	ra R. R. Date of death May 19, 1941				
(City)or County)	(State)				
Cause of death	0/1/21/10 7/0				
Method of disposal Dull (Whether burjal cremation, transit, storage, etc.)	Cemetery or crematory) (City or county) (State)				
Funeral director Kelly 7. Nome	Address Wesser Intrank				
PERMIT					
of the body as above stated.	the laws of Indiana, permission is hereby given to dispose				
Date May 2 3, 194/	Signature H. H. Signature M. D. (Health Officer) Address Wayselv, Indiana				
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW					
Body wason					
(Cremated, buried, stored, etc.)	(Cometery or crematory)				
Place	Signature				

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

(Sexton or person in charge)