Porm V. S. 4

## INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

## **BURIAL-TRANSIT PERMIT**

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Full name of deceased fary	ulda munes Age /
Place of death Rasculsks Co.	Vied. Date of death Jene 24, 199
(City or County)	(State)
Cause of death.	
Method of disposal Burial	Calestine Koscinsko & Vied
(Whether burns   cremation, transit, storage, etc.)	(Cemetery or crematory) (City or county) (State)
Funeral director Taket D. Leed	Address Mentone Lud.
	PERMIT
	d by the laws of Indiana, permission is hereby given to dispose
of the body as above stated.  Date Lune 26, 1941	
Date June db, 174	Signature (Health Officer)
	Address
CEMETERY OR CREMATORY AU	UTHORITY SHALL FILL OUT SPACE BELOW
Body was Suried on the	me 26, 10/1 in Calestine
(Cremated, buried, stored, etc.)	(Cometery or erematory)
Place	Signature
	(Sexton or person in charge)
This Permit should be endorsed by the Sexton (or I	Funeral Director where there is no Sexton) and carefully preserved.