Form V. S. 4

INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

m y	1 Dm
Full name of deceased Uund Jo	MAGE 79
Place of death W Man &	Date of death 10-30-41
Cause of death Softening of the	Orin Me to artino deleron
Method of disposal (Whether burial gremation, transit, storage, etc.)	(Cemetery or crematory) (City or county) (State)
Funeral director Bullin 7 unerself	
PERMIT	
A certificate of death having been filed as required to of the body as above stated. Date / O 3 (- 4 (sy the laws of Indiana, permission is hereby given to dispose
	Address Warsaw Ruds
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW	
n-d	10 in
Body was on	(Cemetery or crematory)
Place	Signature
	(Sexton or person in charge)
This Permit should be endorsed by the Sexton (or Fu	neral Director where there is no Sexton) and carefully preserved.