

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 102

Full name of deceased Infant Hohman Age 0
 Place of death Warsaw, Ind. Date of death 10-24-41
(City or County) (State)
 Cause of death hydro-syphilis
 Method of disposal Burial Palestine Palestine Ind.
(Whether burial cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Chas. Tucker Address Claypool, Ind.

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 10-24-41 Signature E. J. H. Schlemmer
(Health Officer)
 Address Warsaw, Ind.

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on _____ 19____ in _____
(Cremated, buried, stored, etc.) (Cemetery or crematory)
 Place _____ Signature _____
(Sexton or person in charge)