



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 30

Full name of deceased Leulla. Charles Age 68
 Place of death Kosciusko Ind Date of death 10-4-40
(City or County) (State)
 Cause of death Coronary Occlusion
 Method of disposal Burial Voluntary Kos. Ind
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Dr. J. Jones Address Merton 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 10-7-40 Signature Dr. J. Jones
(Health Officer)
 Address Merton 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)

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