

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 109

Full name of deceased Edward J Bickel Age 55

Place of death LaPorte (City or County) Ind (State) Date of death 2-15-40

Cause of death Cerebral Hemorrhage

Method of disposal Burial (Whether burial, cremation, transit, storage, etc.) Palastine (Cemetery or crematory) Palastine Ind (City or county) (State)

Funeral director W. C. Hallis Address S. B.

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 2-17-40 Signature [Signature] (Health Officer)

Address LaPorte 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)