

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS



BURIAL-TRANSIT PERMIT

No.

Full name of deceased John Frank Alexander Age 73
 Place of death Logansport State Hospital Date of death 8-9-43
 (City or County) (State)
 Cause of death Bronchial Pneumonia
 Method of disposal Burial Palestine Palestine
 (Whether burial cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Address

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 Aug. 9, 1943. Signature [Signature]
 (Health Officer)
 Address Logansport

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.