

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS



BURIAL-TRANSIT PERMIT

No. 689

Full name of deceased Sarah C Eaton Age 89

Place of death Kos (City or County) Ind (State) Date of death 4-28-43

Cause of death Influenza

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

Funeral director R. H. Reed Address Mentone 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 May 1-43

Signature R. H. Reed (Health Officer)

Address Mentone 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)