Form V. S. 4

INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

| Full name of deceased Mrs. ANNA Elis | zabeth East Age 82 |
|--|--|
| Place of death No. MANChester Qural | INdiaNA Date of death December 15, 1943 |
| Cause of death MioCArditis - Senil | ity |
| Method of disposal Burial Cooks (Whether burial cremation, transit, storage, etc.) | Chapel Cemetery WATSAW, Indiana (Cemetery or crematory) (City or county) (State) |
| Funeral director Werten berser and Vone | is Address LAKETON, INDIANA |
| PERMIT | |
| A certificate of death having been filed as required of the body as above stated. Date December 17, 1943 | Signature Ralph M. Jaseis Deputy |
| | Address LA Keton, Indiana |
| CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW | |
| Body wason | 19in |
| (Cremated, buried, stored, etc.) | |
| 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. | |