

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 Andrew Hartman Age 84

Place of death 2126 Alabama Ft Wayne Ind Date of death 3/19, 1943
(City or County) (State)

Cause of death Gangreen of left.

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

Funeral director D. O. Mc Comb, Sons Address Ft Wayne

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 3/20, 1943

Signature [Signature]
(Health Officer)
Address

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.