

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

No. 107

BURIAL-TRANSIT PERMIT

Full name of deceased Ellen Elizabeth Yocum Age 82  
 Place of death Whitley Co. Indiana Date of death Dec. 6, 1943  
(City or County) (State)  
 Cause of death Influenza  
 Method of disposal Burial Palestine Kosciuszko Indiana  
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director Smith Fun. Home Address Columbia City, Indiana

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 December 7, 1943 Signature Arthur Lester M.D.  
(Health Officer)  
 Address Columbia City, Indiana

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.