

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 53

Full name of deceased Arvilla J. Baum Age 70
 Place of death Hasenbro Ind Date of death Feb 26
(City or County) (State)
 Cause of death paralytic stroke
 Method of disposal Burial Palestine R.F.D. Warsaw
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Chas W Tucker Address Claypool 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 Feb 28 Signature Chas W Tucker
(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)