

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 18

Full name of deceased Harley G. Carles Age 41
 Place of death Algonquin Ill. Date of death 11-8-47
(City or County) (State)
 Cause of death Thyrototoxicosis
 Method of disposal Burial Palestine Kas. Ind.
(Whether burial or cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director H. W. Johns 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 11-11-47 Signature H. W. Johns
(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)

This Permit should be endorsed by the Sexton (or Funeral Director where there is no Sexton) and carefully preserved.