Form	v.	s.	4
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## INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

## BURIAL-TRANSIT PERMIT

111.1.10	· la lecilad	0.	
Full name of deceased	Denreines	Age DO	
Place of death Traglelie Lufs. Toa Co.	Date of	death flec. 6, 1947	
(City or County)	(State)		
Cause of death Mcoudary Culture			
Method of disposal Sureal (	Talestine Nos	cuskole Jul	
(Whether burial cremation, transit, storage etg.)	(Temetery or crematory)	(City or county) (State)	
Funeral director Saber NOTES	Address // peutos	a deed.	
PERMIT /			
A certificate of death having been filed as required	by the laws of Indiana, permiss	sion is hereby given to dispose	
of the body as above stated.	POY	A Man	
Date Date	Signature Left	(Health Officer)	
	ma to		
	Address // Luco	e, co	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW			
Body wason	19in		
(Cremated, buried, stored, etc.)		(Cometery or crematory)	
Place	Signature	on or person in charge)	
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