

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased William Henry Rung Age 84
 Place of death Wagon (City or County) Indiana (State) Date of death 10/23/47
 Cause of death Coronary Thrombosis
 Method of disposal Burial (Whether burial, cremation, transit, storage, etc.) Palatka Kresenski Ind (Cemetery or crematory) Ind (City or county) (State)
 Funeral director Paul M. Bell Address Warsaw 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 10/27/47

Signature Paul M. Bell
(Health Officer)

Address Warsaw 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)