

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 16

Full name of deceased Patricia Kay Kelley Age 22 yrs
 Place of death Warsaw Ind. Date of death 7-26-46
(City or County) (State)
 Cause of death Mother R. H. Nigalsve
 Method of disposal Burial Palatine Warsaw Dural Ind
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director A. 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 7-26-46 Signature A. 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)