

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

No. 186

BURIAL-TRANSIT PERMIT

Full name of deceased Mrs Lucinda Frances Stickler Age 80
 Place of death Mishawaka Indiana Date of death April 18-1946
(City or County) (State)
 Cause of death Chronic myocarditis
 Method of disposal Burial Palestine Palestine Ind.
(Whether burial cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Fred H. Bubb Address Mishawaka, 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 April 20-1946 Signature B. J. Nyland M.D.
(Health Officer)
 Address Mishawaka, Indiana

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.