

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 903

70-1-9

Full name of deceased *otts austin minner* Age _____

Place of death *South Bend, Indiana* Date of death *Nov 13-46*
(City or County) (State)

Cause of death *chronic pneumonia*

Method of disposal *Burial - Cemetery* *Kosciusko Ind.*
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)

Funeral director *Edwards* Address *14th St. S. B.*

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 *Nov-13-46*

Signature *Arnold Pater*
(Health Officer)

Address _____

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)