

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS



BURIAL-TRANSIT PERMIT

No.

Full name of deceased *Henry Crall* Age *68*
 Place of death *Rochester Ind* Date of death *May 17. 48*
 (City or County) (State)
 Cause of death *Cerebral Poisoning*
 Method of disposal *Burial Palastka Kostyusky Ind*
 (Whether burial cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director *Ora A. Foster* Address *Rochester 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 *May 18. 1948* Signature *Dean F. Stinson*
 (Health Officer)
 Address *Rochester 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)

This Permit should be endorsed by the Sexton (or Funeral Director where there is no Sexton) and carefully preserved.