

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 9
93-0-1

Full name of deceased Jerome Allen Carter
Place of death Kosciusko Ind. Date of death Jan 11-45
(City or County) (State)
Cause of death diphtheria
Method of disposal Burial Cemetery Kosciusko Ind.
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
Funeral director E. E. Sumner Address Shen Lake

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 Jan 13-45 Signature E. E. Sumner
(Health Officer)
Address Shen Lake

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)