

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 719

Full name of deceased Nash C. Eaton Age 74
 Place of death Wascus, Indiana Date of death Oct. 16, 1945
(City or County) (State)
 Cause of death Cardiac failure, Myocarditis, hyperuricemia, bladder drainage
 Method of disposal Burial Calcutta Wascus Ind.
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director R. G. Reed Address Newton 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 Oct. 19, 1945
 Signature R. G. Reed
(Health Officer) Deputy
 Address Newton, 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)