



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 713

Full name of deceased Thomas E. Jones Age 78
 Place of death Mentone Ind Date of death July 27-45
 (City or County) (State)
 Cause of death Acute Myeloid Leukemia of Heart
 Method of disposal Burial Palestine Kas Ind
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director R. G. Reed Address Mentone 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 July 28-45

Signature R. G. Reed
(Health Officer)

Address Mentone 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.

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION