ORIGINAL

G42

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

PERMIT FOR DISPOSITION OF HUMAN REMAINS

INDIANA STATE BOARD OF HEALTH

DIVISION OF VITAL RECORDS

PERMIT NO.: 530

NAME OF DECEASED (Last)	(First)	(Middle)	DATE OF DEATH (Month, day, year)
Merriam	Orpha	S	April 2, 1967

SEX	COLOR OR RACE	AGE	PLACE OF DEATH (City or township)	(County)	(State)
Fe	Wh	92	Lutheran Hospital	Ft. Wayne	

METHOD OF DISPOSAL

☐ BURIAL ☐ CREMATION

☐ REMOVAL ☐ OTHER _____ (Specify)

NAME OF CEMETERY OR CREMATORY: Woodlawn

(City or township, county, State): Vermontsville, Michigan

NAME OF FUNERAL ESTABLISHMENT: D O McComb & Sons

BUSINESS ADDRESS: Ft. Wayne Ind

PROPERLY EXECUTED CERTIFICATE OF DEATH

RECEIVED _____ (DATE) _____ (LOCAL NUMBER)

BURIAL TRANSIT PERMIT ISSUED FROM PROVISIONAL CERTIFICATE OF DEATH 4-4-67 (DATE) 48 (LOCAL NUMBER)

A CERTIFICATE OF DEATH OR PROVISIONAL CERTIFICATE OF DEATH having been filed as required by law, permission is hereby given for transportation disposition of this body.

SIGNATURE OF LOCAL HEALTH OFFICER: C. P. Hattendorf M.D.

(Address): FORT WAYNE, INDIANA

DATE ISSUED (Month, day, year): April 4, 1967

DATE OF INTERMENT, CREMATION OR REMOVAL: April 4, 1967

SIGNATURE OF SEXTON OR PERSON IN CHARGE: Jarnell Hal Cuzll

SBH 6-24-4