

PERMIT FOR DISPOSITION OF HUMAN REMAINS
 INDIANA STATE BOARD OF HEALTH
 DIVISION OF VITAL RECORDS

ORIGINAL
 6-59
 E 1/2

PERMIT No.: 122

NAME OF DECEASED (Last) **GUNYAN, ROA**
 (First) **G.**
 (Middle)
 SEX **Fe**
 COLOR OR RACE **wh**
 AGE **72**
 METHOD OF DISPOSAL
 BURIAL
 CREMATION
 REMOVAL
 OTHER
 (Specify)

PLACE OF DEATH (City or township) **Aaven Hubbard Memorial Home**
 (County) **New Carlisle**
 (State) **St. Jos. Co.**
 NAME OF CEMETERY OR CREMATORY **Vermontville, Michigan**

DATE OF DEATH (Month, day, year) **7-13-61**

NAME OF FUNERAL ESTABLISHMENT **A. M. Russell**
 BUSINESS ADDRESS **South Bend, Ind.**
 RECEIVED **7-13-61**
 DATE

BURIAL TRANSIT PERMIT ISSUED FROM PROVISIONAL CERTIFICATE OF DEATH
 60649 U.S. 51
 DATE

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

SIGNATURE OF LOCAL HEALTH OFFICER **Gene Egan**
 (Address) **South Bend, Indiana**
 DATE ISSUED (Month, day, year) **7-13-61**

DATE OF INTERMENT, CREMATION OR REMOVAL **7-15-61**

SIGNATURE OF SEXTON OR PERSON IN CHARGE **Wally Adrich-De**