

APPLICATION FOR PERMIT TO DISINTER, REMOVE, AND REINTER HUMAN REMAINS State Form 38697 (R3/12-07)

Indiana State Department of Health Vital Records Division Indiana Code 23-14-57-1

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Applicati	ion Date:	EPTSMIS	# 47	247

State Health Dept. No: 2019 - 76

Date Issued: 10012019

Funeral Director AWAVAH 8. LIGHT

Name of Deceased: JOHN H.)ILLINGER.
Name of Current Cemetery: CROWN HILL	CEMETERY
Address of Current Cemetery: 700 W. 38th	St. INDPLS IN
Date of Interment, Entombment, Inurument:	4 210 1934
Name of Proposed Cemetery: Crown HILL	CEMETERY
Address of Proposed Cemetery: 700 W. 38	th St. INDPCS IN
Time and Date of Reinterment, Reentoinbment, or Reinurnme	ent: 9 AM, TUESday, Dec. 3, 2019
Name of Applicant: MICHEL C. THOMPS	Relationship to Deceased: Wphew
Signature of Applicant Whitel C Thomps	
Funeral Director's Printed Name: AVAVAL Funeral Director's Signature:	ent and Reinterment in the county recorder's office of the TARIZ LIGHT, FD21200035 NOCIAL & FUNERAL CHAPEL,
SUBSCRIBED AND SWORN TO	
BEFORE ME, on the	
23rd day of September, 2019.	
Emily Mesicar	
NOTARY POBLIC	
My Commission expires: <u>08/06/24</u>	

AFFIDAVIT

The State of Indiana, County of Morgan

Carol A. (Thompson) Griffith C. A. / Etm.

I, Garel Thompson, of Morgan County, Indiana, attest and affirm under penalties for perjury with sound mind that the forgoing affidavit (articles 1-13) is true and was completed to the best of my knowledge on May 19, 2019. I give continued consent for the disinterment/exhumation to take place in Crown Hill Cemetery at a later date.

Date: 09/23/19

<u>In the Matter of the Proposed Exhumation</u> <u>Of a Body Purported to be John H. Dillinger</u>

Affidavit of Carol Thompson

1. I am an adult competent to testify to the matters contained in this affidavit, which I make of my own free will and based on my personal knowledge of the facts below.

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- 3. I am a descendant of John H. Dillinger ("Dillinger"), who was born on June 22, 1903, reportedly died by gunshot wound on July 22, 1934, and was buried in a family plot, section 44 of Crown Hill Cemetery, Indianapolis, Indiana.
- 4. I am related to Dillinger as follows: My grandfather, John Wilson Dillinger, was Dillinger's father. His date of birth was July 27, 1864, and he died on November 3, 1943. My mother was Frances H. Dillinger Thompson, Dillinger's half-sister and the daughter of John Wilson Dillinger and Elizabeth C. Fields Dillinger, who was born on September 18, 1897 and died May 25, 1933.
- 5. I have been presented with evidence that demonstrates that the individual who was shot and killed at the Biograph Theater in Chicago on July 22, 1934 may not in fact have been my uncle, John H. Dillinger. This evidence includes the non-match of his eye color, the car shape and protrusion from the head, the fingerprints not matching, the existence of a heart condition, and the apparent non-match of the anterior teeth.
- 6. It is my belief and opinion that it is critical to learn whether Dillinger lived beyond his reported date of death of July 22, 1934. If he was not killed on that date, I am interested in discovering what happened to him, where he lived, whether he had children, and whether any such children or grandchildren are living today.
- 7. Also, it is my belief and opinion that, if the FBI killed the wrong man outside the Biograph Theater, it is also important to identify the man in the grave at Crown Hill Cemetery.
- 8. I have been advised, and I agree, that the only means by which the identity of the individual purported to be John Dillinger may be known for certain is to exhume the body from Crown Hill Cemetery and conduct proper forensic examinations and tests.
- 9. I acknowledge and understand that an exhumation will involve disturbing the ground of the grave in question and exposing the body, moving it to a forensic laboratory, analyzing it, and possibly removing a bone or bones for DNA testing.

- 10. I have been advised that the family plot will be repaired and restored in keeping with the cemetery's standards and procedures.
- 11. I hereby agree to the exhumation and analysis described above, and to any other forensic activities that experts involved in the analysis determine are necessary in order to make a positive identification.
- 12. I understand that the remains of the man purported to be Dillinger will be photographed and videotaped during the examination, and at times during the forensic analysis, and I give my consent to such photography and videography.

13. Further your affiant sayeth not.

Dated this 20 day of May 2019.

I SWEAR OR AFFIRM UNDER PENALTIES FOR PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



PERMIT TO DISINTER, REMOVE, AND REINTER HUMAN REMAINS

State Form 11678 (R3/12-07)

Indiana State Department of Health Vital Records Division Indiana Code 23-14-57-1

State Health Dept. No: 2019-76

Date Issued: OCTOBER 03, 2019

Name of applicant: MICHAEL C. TH	HOMPSON
Relationship to the deceased: NEPHE	
Name of deceased: JOHN H. DILLING	DER.
Name and address of current cemetery:	CROWN HILL CEMETERY 700 38 TH ST. INDIANAPOLIS, IN
Date of interment, entombment, or inurni	ment: JULY 26, 1934
Name and address of proposed cemetery	CROWN HILL CEMETERY 700 38 TH ST. INDIANAPOLIS, IN
Fime and date of reinterment, reentombm	ent, reinumment 9:00 A.M., TUESDAY, DECEMBER 31, 2019
Name of funeral director who will attend:	SAVANAH STAR LIGHT
	Ailani a Sawthine State Registrar
	State Registrar

This permit is prepared in triplicate – one copy for each cemetery's records and one copy to be filed in the County Recorder's Office.