

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased James O. Ross Age 71

Place of death Warsaw Ind Date of death 1-16-44
(City or County) (State)

Cause of death Cardio Vascular Disease

Method of disposal Burial Palestine Kosciusko Ind
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)

Funeral director H.W. Johns 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 1-18-44 Signature J. S. Scheldt
(Health Officer)

Address

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.