

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

**BURIAL-TRANSIT PERMIT**

No. ....

Full name of deceased Wm Elmer Rowser Age 74  
 Place of death Kosciusko Co Ind Date of death 11/17/49  
 (City or County) (State)  
 Cause of death Carcinoma  
 Method of disposal Burial Palatka Kos Co Ind  
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director Paul M Bilby Address Warsaw 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 11/19/49 Signature Paul M Bilby  
 (Health Officer)  
 Address Warsaw 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.