

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 3

Full name of deceased William Sherman Ruyse Age _____
 Place of death Kosciusko Indiana Date of death 1-10-42
 (City or County) (State)
 Cause of death Valvular heart disease
 Method of disposal burial Palestine, Palestine Ind.
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Bible Turner, Hm 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 1-13-42 Signature D. H. Schlemmer, M.D.
 (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)