

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Bertrude M. Montmore Age 55

Place of death Warsaw Indiana Date of death Nov 12, 42
(City or County) (State)

Cause of death apoplexy

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

Funeral director Harry E. Dawson address Plymouth 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 Nov 17, 1942

Signature L. W. Cavert MD
(Health Officer)

Address Plymouth 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.