

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 69

Full name of deceased Mildred Moore Age 33  
 Place of death Warsaw Indiana Date of death 7-29-41  
 (City or County) (State)  
 Cause of death non specific septicemia  
 Method of disposal Buried Palestine Palestine Ind  
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director Bible Funeral Home 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 7-29-41 Signature L. S. Scholdt  
 (Health Officer)  
 Address Warsaw Ind  
Palestine

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)