

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS



BURIAL-TRANSIT PERMIT

No. 16

Full name of deceased Elza Ellis Hatfield Age 74

Place of death Warsaw Kosciusko Ind Date of death Feb 27, 1943
(City or County) (State)

Cause of death chronic interstitial nephritis

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

Funeral director A. J. Reed Address Merion 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 Feb 24, 1943 Signature E. C. Newkirk
(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)