



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 735

Full name of deceased Clousa (Smith) Sherwood Age 69
 Place of death Kosciusko Indiana Date of death Mar. 25, 1947
 (City or County) (State)
 Cause of death apoplexy
 Method of disposal Burial Palestine Kosciusko Ind.
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Robert V. Reed Address Montone, 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 Mar. 27, 1947

Signature R. V. Reed
 (Health Officer)

Address Montone, 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)