

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

No. 2

BURIAL-TRANSIT PERMIT

Full name of deceased Florence C. Norris Age 83
 Place of death Marsaw Indiana Date of death Oct. 27, 1947
(City or County) (State)
 Cause of death Acute cardiac dilatation
 Method of disposal Burial Palestine Kosciusko Ind.
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Paul M. Bieby Address Marsaw Indiana

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 October 30, 1947 Signature C. C. DuBois
(Health Officer)
 Address Marsaw, Indiana

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.