

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 2

Full name of deceased Mrs Sarah C. Vandermark Age 86
 Place of death Marsaw Indiana Date of death Oct. 18, 1946
(City or County) (State)
 Cause of death Senility
 Method of disposal Burial Palestine Kosciusko Ind.
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Sherr Funeral Home Address Marsaw 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 October 21, 1946 Signature C. C. DuBois M.D.
(Health Officer)

Address.....

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.