

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Edson R Vandermark Age 56
 Place of death Kosciusko Co, Ind Date of death Feb 24, 1946
(City or County) (State)
 Cause of death Coronary thrombosis
 Method of disposal Interment Palestine Palestine, Ind
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Sheva Funeral Home Warsaw Ind
Address

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 26 46

Signature E. C. W. Jones
(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)