

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 32

Full name of deceased Maudie Alice Greffich Age 65
 Place of death Rosencroft Warsaw Ind Date of death July 21st 1948
 (City or County) (State)
 Cause of death Uremia Chronic nephritis
 Method of disposal Burial Palestine Palestine Ind
 (Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Babler Funeral Home Address Warsaw, 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 7/23/48 Signature J. M. Sicks, MD
 (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)