

BURIAL---TRANSIT/PERMIT

Full name of deceased Margaret Anna Hudson Death due to quarantinable disease* No
(Yes or No)

Place of death City of Neillsville, Clark, Wisconsin
(Township, Village or City) (County) (State)

Date of death July 29, 1940 Color W. Sex F. Age 78

Method of disposal Burial Palestine Cemetery
(Whether burial, cremation, transportation, storage, etc.) (Cemetery or Crematory)

County Palestine State Indiana

A certificate of death having been filed as required by the laws of this State, permission is hereby given to H. W. Schiller Address Neillsville, Wis.
(Funeral Director or person acting as such)

to dispose of body of said deceased as above stated.

Date August 2, 1940 Signature Dr. M. C. Rosekrans
(Registrar)

District Neillsville County Clark
(Town, Village or City)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on _____ 19____ in _____
(State whether cremated, buried, stored, etc.) (Cemetery or Crematory)

located at _____

SEE OTHER SIDE

Signature _____
(Sexton or person in charge)

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no sexton) and permanently retained in the Sexton's files.

* See list on other side.

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION