Form V. S. 4

INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

DOMINE INVITATION .	
- Mis Dona Q	and Gordon
Full name of deceased / W. Would	Age Oo
Place of death Marsaur	whoing Date of death NRC. 11, 19 x 3
(City or County)	(State)
Cause of death Carcinoma of tr	ansverde colon
Method of disposal Burial	Palestine Warsaw RR Lest.
(Whether burial cremation, transit, storage, etc.)	(Cemetery-or-crematory) (City or county) (State)
Funeral director bul Lunus	Address Marsaw, Indiana
PERMIT	
A certificate of death having been filed as required l	by the laws of Indiana, permission is hereby given to dispose
of the body as above stated.	1 20.18
Date Delember 14, 1943	Signature 6. 6 De Das In. N.
Duve in the second of the seco	(Health Officer)
	Address marsaw Judiana
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW	
Body was on on	19in
(Cremated, buried, stored, etc.)	(Cometery 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.	