

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 1

Full name of deceased Huldah O (Patton) Hatfield Age 66
 Place of death Warsaw (City or County) Indiana (State) Date of death May 27, 1944
 Cause of death Illness due to Intestinal Obstruction
 Method of disposal Burial (Whether burial, cremation, transit, storage, etc.) Palestine Kosciusko Ind. (Cemetery or crematory) (City or county) (State)
 Funeral director Paul M. Bilby Address Warsaw, 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 May 31, 1944 Signature E. C. Duffin (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)

This Permit should be endorsed by the Sexton (or Funeral Director where there is no Sexton) and carefully preserved.