

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4

1947

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 19

Full name of deceased Joseph L. Rupe Age 78  
 Place of death Kosciusko Co. Indiana Date of death Aug. 23, 1947  
(City or County) (State)  
 Cause of death Sclerotic heart disease  
 Method of disposal Burial Palletine Kosciusko Ind.  
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)  
 Funeral director Bibles Funeral Home 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 Aug. 26, 1947Signature C. C. DuBois  
(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.