

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No.

Full name of deceased Wm. Sherman Anderson Age 79
 Place of death Warsaw Indiana Date of death Feb 19, 1946
(City or County) (State)
 Cause of death Gen. Arteriosclerosis Chronic nephritis
 Method of disposal Burial Palestine Palestine Ind
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Ribbles 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 Feb 21, 1946 Signature C. E. W. Lewis
(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.