

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 3

Full name of deceased Sarah Emma Cook Age 76
 Place of death Kosciusko Indiana Date of death Aug. 24, 1945
(City or County) (State)
 Cause of death Generalized arteriosclerosis
 Method of disposal Burial Cook's Chapel Kosciusko Ind.
(Whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (City or county) (State)
 Funeral director Paul Landis Address Warsaw, Indiana

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 August 25, 1945 Signature G. C. DuBois M.D.
(Health Officer)
 Address Warsaw Indiana

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)