

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

No. 1

Full name of deceased *Virgil Robert Cook* Age *42*

Place of death *Marsaw* *Indiana* Date of death *Dec 24, 1945*  
(City or County) (State)

Cause of death *Skull fracture and broken neck - struck by train*

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 M. Dickey* Address *Marsaw 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 *Dec 26, 1945* Signature *C. C. DuBois*  
(Health Officer)

Address *Marsaw 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)