

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Robert Harold Brimmer No. _____

Cause of death Old Mortality

Place of death Canton (County) Charlotte (Township or village or city)

Date of death Feb. 18 19 70 Race white Sex male Age 1 Day

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn (Cemetery or crematory)

County Canton State Michigan

A certificate of death or stillbirth having been filed as required by the laws or regulations of this state, permission is hereby given to _____ Address Nashville, Tenn

(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature Geo. H. Vogt Date 2-19- 19 70

(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on Feb 19 19 70 in Woodlawn

(State whether cremated, buried, stored, etc.)

Place Nashville Signature Lowell Halperin (Cemetery or crematory)

(Sexton or person in charge)

This permit must be endorsed by the sexton (or by the funeral director or Mortuary Science licensee where there is no sexton) and returned within seven days to the registrar of the district in which the burial takes place.

(OVER)