

F-15

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Clarke E. Davis No. _____

Cause of death Cerebro Vascular Accident

Place of death Barry Hastings
(County) (Township or village, or city)

Date of death July 18 19 77. Race White Sex Male Age 83

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

County Barren State Michigan

A certificate of death or fetal death having been filed as required by the laws or regulations of this state, permission is hereby given to Geo. H. Vogt Address Warrenville, Mich.
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature Geo. H. Vogt Date July 10 19 77
(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on July 12 19 77 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Warrenville Signature Lowell Hallum
(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)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION