

E-10

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Ethel E. Shepard No. 88

Cause of death Coronary Occlusion

Place of death Kalamazoo (County) Kalamazoo (Township or village or city)

Date of death December 27 19 22. Race White Sex Female Age 72

Method of disposal Buried (Whether burial, cremation, storage, etc.)

County Calton State Michigan (Cemetery or crematory)

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 Thos. Truesdale Home Address Charlesotte, Mich (Funeral director or person acting as such) to dispose of body of said deceased.

Signature [Signature] Date Dec 27 19 22
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Burned on Dec 29 19 22 in Woodlawn (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Detroit Signature [Signature] (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