

A-39

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Mabelle M. Strague No. _____
Cause of death acute myocardial infarct
Place of death Barrid Hastings
(County) (Township or village or city)
Date of death October 22 1972 Race White Sex Female Age 82
Method of disposal Burial
(Whether burial, cremation, storage, etc.)
County Eaton 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 Geo. H. Vost Address Nashville, Mich.
(Funeral director or person acting as such)
to dispose of body of said deceased.
Signature Geo. H. Vost Date 10-24- 1972
(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Interred on Oct 26 1972 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place Woodlawn Signature Lawell Hallmark
(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