I-9

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Carroll Wayne Shance Date of death 11-16 1975

Cause of death Gunshot

Place of death Gladwin (County) _____ (Township or village or city) Race White Sex Male Age 49

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

County Eaton State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

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 Leo H Vogt (Funeral director or person acting as such) Address Nashville, Mich to dispose of body of said deceased.

Signature Leo. H. Vogt (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date 11-20 1975

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Nov 19 1975 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Caldwell (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)