

I-8

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Dorothy H. Thru No. _____
Cause of death Acute inferior myocardial infarction
Place of death Babry (County) Hastings (Township or village or city)
Date of death 10-17 1975. Race white Sex female Age 63
Method of disposal Burial (Whether burial, cremation, storage, etc.)
County Caton 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. Vogt Address Nashville Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Geo. H. Vogt Date 10-20- 1975
(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on Oct 20 1975 in Woodlawn
(State whether cremated, buried, stored, etc.)
Place Wernher Signature Lowell Wernher (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)