

I-2

BURIAL—TRANSIT PERMIT MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Carl C. Stenhehn No. _____

Cause of death Myocardial Infarct

Place of death Eaton Vermontville
(County) (Township or village or city)

Date of death October 18 19 75. Race White Sex male Age 70

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. Vogt Address Macquibb, Mich
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature Geo. H. Vogt Date 10-21- 19 75
(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Burial on Oct 21 19 75 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vermontville Signature Laurel Williams
(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