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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Ramonia A. Hammond Date of death 8-17 19 76

Cause of death Deferred until autopsy report

Place of death Eaton (County) Vermontville (Township or village or city) Race White Sex F Age 42

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

County Eaton State Mich

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 8-19- 19 76

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Aug 19 19 76 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hollenbeck (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)