

I- SE 1/2 Lot 10

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Howard C. Gardner Date of death 10-29 1976
Cause of death Myocardial Infarction
Place of death Eden Race W Sex M Age 60
(County) (Township or village or city)
Method of disposal Burial (Whether burial, cremation, storage, etc.)
County Eden State Mich.
(Cemetery or crematory)

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 Geo. H. Voigt Address Warville, Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.
Signature Geo. H. Voigt Date 10-31- 1976
(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Nov 1 1976 in Warville
(State whether cremated, buried, stored, etc.)
Place Warville Signature Lowell (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)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION