

A-46

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Carl V. Martens Date of death 8/18/ 1977

Cause of death Carbon Monoxide Poisoning

Place of death Eaton Charlotte Race W Sex M Age 72
(County) (Township or village or city)

Method of disposal Burial Woodlawn Cemetery
(Whether burial, cremation, storage, etc.) (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 Burkhead Funeral Home Address Charlotte, Michigan
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Charles L. Green Date August 23, 1977
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on 8-24 1977 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vermontville, Mich. Signature Robert L. Holliday
(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