

BL-19

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Odell L Morgan Date of death 7-21 1977

Cause of death Cardio Respiratory arrest

Place of death Dona (County) Isreal Race W Sex M Age 46

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

County Cotton 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 Geo H. Vogt Address Northville, Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Geo H. Vogt Date 7-23 1977
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on July 23 1977 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Northville Signature Samuel H. H. H. H. (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