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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Gerald E Shumaker Date of death 8-2 1977

Cause of death Acute Myocardial Infarction

Place of death Eaton (County) (Township or village or city) Race W Sex M Age 67

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

Signature Geo H Vogt Date 8-3 1977

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Aug 5 1977 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hilliard (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)