

6-21

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Patrick Marion Jensen Date of death 2-3 1982
Cause of death Muscle injuries head & chest
Place of death East Race White Sex M Age 33
(County) Charlotte (Township or village or city) Woodhouse
Method of disposal Burial (Whether burial, cremation, storage, etc.) Cremation 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. Vogt Address Macquibb, Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Geo. H. Vogt Date 2-6- 1982
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was stored on 2-6 19 82 in Woodland Cemetery
(State whether cremated, buried, stored, etc.)
Place Vermentville, Mich. Signature Robert L. Halliday
(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