

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

F-74

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Joseph A Marcotte Date of death 8-10- 19 82
Cause of death Radio-pulmonary arrest
Place of death Barnes (County) Hastings Race W Sex M Age 23
Method of disposal Burial (Whether burial, cremation, storage, etc.) Canton (Cemetery or crematory) Mich
County _____ State _____

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 _____

A certificate of death having been filed as required by the laws or regulations of this state, permission is

hereby given to Geo A Vogt Address 7 Ashford Mich
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature Geo A Vogt Date 8-12- 19 82
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on 8-12- 19 82 in Woodland Cemetery
(State whether cremated, buried, stored, etc.)
Place Vermontville, 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).

(OVER)