

6-11

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Harry L. Mix Date of death 9-7- 1982
Cause of death Cardiac Respiratory Arrest
Place of death Barry Race W Sex M Age 77
(County) (Township or village or city) (Cemetery or crematory)
Method of disposal Burial County Barry State Mich
(Whether burial, cremation, storage, etc.)

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

Signature Geo. H. Vogt Date Sept 10 1982
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on 9-10 1982 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place Ver Montville, Mich Signature Robert L. Halliwell
(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)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION