

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

F-7

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Joseph Davis Date of death 1-19- 1922
Cause of death Cardiac arrest
Place of death Charlotte Race W Sex M Age 80
(County) (Township or village or city)
Method of disposal Burial County Eaton State Mich
(Whether burial, cremation, storage, etc.)
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 1 Ashwell Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.
Signature Geo H Vogt Date 1-22- 1922
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was stored on 1-22 1922 in Woodlawn cemetery
(State whether cremated, buried, stored, etc.)
Place Woodlawn cemetery (Cemetery or crematory)
Signature Robert H. Hall (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)