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BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

No. 16 Plat. I

Full name of deceased Forrest George Frank Date of death 8-3- 1983
Cause of death Cardio-pulmonary arrest
Place of death Berry Race W Sex M Age 63
Method of disposal Burial (Township or village or city) Woodlawn
(Whether burial, cremation, storage, etc.) Eaton County State Michigan
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 Nashville Ave
(Funeral director or person acting as such)
to dispose of body of said deceased
Signature Geo. H. Vogt Date 8-6 1983
(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED on 8-6 19 83 in Woodlawn cemetery
(State whether cremated, buried, stored, etc.)
Place VeB mortuall, Mich. Signature Robert L. Halliwell
(Cemetery or crematory)
(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