

E-4

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

# BURIAL—TRANSIT PERMIT

No. 24

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Maynard L Bush Date of death 11-5 19 83  
Cause of death Cardiac arrest  
Place of death Ingham Race W Sex M Age 61  
(Crem.) (Township or village or city)  
Method of disposal Burial (Whether burial, cremation, storage, etc.)  
County Caton State Michigan  
(Cemetery or crematory)  
APPROVED FOR CREMATION  
Signature of Medical Examiner \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

A certificate of death of fetal death having been filed as required by the laws or regulations of this state, permission is hereby given to Geo H Vogt Address Madison MI  
(Funeral director or person acting as such)  
to dispose of body of said deceased.  
Signature Geo H Vogt Date 11-8 19 83  
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

## CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED on 11-8 19 83 in Woodsawn cemetery  
(State whether cremated, buried, stored, etc.)  
Place Woodsawn cemetery, 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) and returned within seven days to the registrar of the district in which the burial takes place.

(OVER)

Plot E lot #4