

D-8

#5

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased _____

Paul E. Schwab

Date of death _____

2-24 1984

Cause of death _____

acute myocardial infarction

Place of death _____

Eaton

Race _____

W

Sex _____

M

Age _____

65

Method of disposal _____

Burial

(Township or village or city)

Charlotte

(Whether burial, cremation, storage, etc.)

Eaton

County _____

(Cemetery or crematory)

Woodlawn

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, Mi

to dispose of body of said deceased.

(Funeral director or person acting as such)

Signature _____

Geo. H. Vogt

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

Date _____

2-27-84

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____

Buried

on _____

2-27

19

84

in Woodlawn cemetery

(State whether cremated, buried, stored, etc.)

Place _____

Nashville, Mi.

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)

Plate D #8

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION