

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Lylia Belle Starr No. _____

Cause of death Endometrial Carcinoma

Place of death Calhoun (County) Grandfield (Township or village or city)

Date of death December 24 1970. Race White Sex Female Age 53

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn (Cemetery or crematory)

County Calhoun State Michigan

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

Signature Geo. H. Vogt (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date 12-28 1970

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Dec 28 1970 in Woodlawn (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Madisonville Signature Lawell 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) and returned within seven days to the registrar of the district in which the burial takes place.

(OVER)