

72-15

BURIAL—TRANSIT PERMIT
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Michelle Ann Isaacson No. _____

Cause of death Respiratory Failure

Place of death Ingham
(County)

Date of death May 7 1971 Race White Sex Female Age _____

Method of disposal Burial
(Whether burial, cremation, storage, etc.)

County Eaton State Michigan (Cemetery or crematory) Woodlawn

Lansing
(Township or village or city)

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 Deo. H. Vogt (Funeral director or person acting as such) to dispose of body of said deceased.

Address Nashville, Mich

Signature Jessie Sullivan Date May 8 1971
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on May 8 1971 in Woodlawn
(State whether cremated, buried, stored, etc.)

Place Crematorium Signature Lowell Hallquist (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)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION