

F-25

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased John Shumaker No. _____
Cause of death accidental drowning
Place of death Caton (County) Charlottesville
Date of death 3-3- 1921. Race white Sex male Age 4
Method of disposal Burial (Whether burial, cremation, storage, etc.) woodlawn
County Caton State Michigan (Cemetery or crematory)

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 Address Marquette, Mich.
(Funeral director or person acting as such)
to dispose of body of said deceased.
Signature Geo. H. Vogt Date 3-4- 1921
(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Apr 4 1921 in Woodlawn (Cemetery or crematory)
(State whether cremated, buried, stored, etc.)
Place Charlottesville Signature Samuel Hall (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)