

6-8

BURIAL—TRANSIT PERMIT
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
MARY LUCINDA SIMS

Full name of deceased _____ No. _____
Cause of death BRAIN CANCER
Place of death OAKLAND FARMINGTON TWP.
Date of death January 30, 1972 (County) white (Township or village or city) female Sex 48 Age
Method of disposal Burial Woodlawn Cemetery, Vermontville
(Whether burial, cremation, storage, etc.)
County Eaton 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 _____ Address _____
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature _____ Date Jan. 31, 1972 19____
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee 2753)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Feb. 2, 1972 in Woodlawn
(State whether cremated, buried, stored, etc.)
Place Vermontville Signature Lowell Hillen (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