

F-45

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Ernest Offley No. _____Cause of death UremiaPlace of death Barry (County) HastingsDate of death 11-16- 1924. Race White Sex Male Age 89Method of disposal Burial (Whether burial, cremation, storage, etc.) woodlawnCounty Calumet 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 Sec. H. Vest Address Richard Mink

(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature _____ (Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee) Date 11-8- 1924

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Nov 9 1924 in Woodlawn

(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Westportville Signature Lowell 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)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION