D-17

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Julia M. Fox Date of death 5-7 1976

Cause of death Bone Progression Carcinoma

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F Age 71

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

County Eaton State Mich

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

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 Leo H Vogt (Funeral director or person acting as such) Address Nashville Mich to dispose of body of said deceased.

Signature Leo H Vogt (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date 5-10 1976

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on May 10 1976 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Kellicutt (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)