

F-8

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Charles Eugene Deaky Date of death _____ 19____
Cause of death Metastatic Carcinoma from large bowel
Place of death Berry Hastings Race White Sex Male Age 7
Method of disposal Burial (Township or village or city) _____
(Whether burial, cremation, storage, etc.) Woodlawn (Cemetery or crematory) Extra 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 Sec. H. Vogt Address Grandville Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Sec H Vogt Date 1-22- 1926
(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was stored on Jan 23 1926 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place Grandville Signature Lowell Halliday (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)