

F-8

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Eleanor Dickey No. _____

Cause of death Cerebral artery occlusion

Place of death Eaton (County) Charlotte (Township or village or city)

Date of death 1-10- 19 76 Race white Sex female Age 74

Method of disposal Burial (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 Geo. H. Vogt Address Washville, Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Geo. H. Vogt Date 1-17- 19 76
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was stored on Jan 19 19 76 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Washville Signature Lowell Kallmiller
(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