G-22

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. 227

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased SARAH C. GOULD Date of death 4-30 19 76

Cause of death METASTATIC CARCINOMATOSIS

Place of death WAYNE (County) HIGHLAND PARK (Township or village or city) Race WHITE Sex F Age 52

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAWN (Cemetery or crematory)

County EATON State MICHIGAN

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 VOGT FUNERAL HOME (Funeral director or person acting as such) Address NASHVILLE, MICHIGAN 49073 to dispose of body of said deceased.

Signature Truman McDermott Date MAY 3 1976 19____

(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on May 3 1976 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hallwell (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)