I-9

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Stacie Lee Ann Rost Date of death 6-13 1976

Cause of death Multiple Stab Wounds

Place of death Clinton (County) Bath Twp (Township or village or city) Race W Sex F Age 16

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

Signature Geo. H. Vogt Date 8-13- 1976

(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 Aug 16 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)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION