

A-31.2

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

No. _____

Full name of deceased Edward Dean Frith Date of death 10-27 1977
Cause of death Probably Cardiac Arrhythmia secondary to Degeneration
Place of death Chloron Vermontville Race W Sex M Age 78
Method of disposal Burial (County) Chloron (Township or village or city) Woodlawn
(Whether burial, cremation, storage, etc.) Chloron (Cemetery or crematory) 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 Address Washburn, Mich.
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Geo. H. Vogt Date 10-28 1977
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on 10-31 1977 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.)
Place Vermontville, Mich. Signature Robert Halliwell (Cemetery or crematory)
(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