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BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased August L Beyttrum Date of death 8-18 1977

Cause of death Bronchial Pneumonia

Place of death Allegan (County) Wayland (Township or village or city) Race W Sex M Age 82

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 Vermontville Mich to dispose of body of said deceased.

Signature Geo. H. Vogt Date 8-20- 1977

(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 8-20 1977 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mich. Signature Robert L. Halliwill (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)