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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

No. _____

Full name of deceased David Kari Date of death 1-14 1977

Cause of death Cardio-pulmonary failure

Place of death Caton Race W Sex M Age 14

(County) Charlotte (Township or village or city) Woodlawn

Method of disposal Burial (Whether burial, cremation, storage, etc.) Cat 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 George H. Vogt Address Woshurde, Mich to dispose of body of said deceased.

Signature George H. Vogt Date 1-18 1977
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was David on Jan 18 1977 in Woodlawn
(State whether cremated, buried, stored, etc.)
Place Woshurde Signature David Halbur (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)