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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Frank Ray Venton Date of death _____ 19____

Cause of death Diffuse bilateral lobular Pneumonitis

Place of death Washtenaw (County) Ann Arbor (Township or village or city) Race W Sex M Age 85

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn (Cemetery or crematory)

Co. 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 Haskville, Mich

to dispose of body of said deceased.

Signature Geo. H. Vogt Date June 5 1978

(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 6/5/ 1978 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)