G-7

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Robert W Rowson Date of death Feb. 23 19 78

Cause of death Chronic Auricular Fibrillation

Place of death Mich. Vets. Facility Race W Sex M Age 59
(County) (Township or village or city)

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

APPROVED FOR CREMATION County _____ State _____

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 West Michigan Mortuary Address _____
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Mr. G Boef CR Date 2/23 19 78
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was stored in vault on Feb. 27 19 78 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vermontville Signature Robert L. Hallwill
(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