B-65

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Franas M Shetenhelm Date of death July 4 19 79

Cause of death Cardio - Pulmonary failure

Place of death Eaton (County) Charlotte (Township or village or city) Race W Sex M Age 86

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

County Eaton 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 Leo. H. Vogt (Funeral director or person acting as such) Address Nashville Michigan to dispose of body of said deceased.

Signature Leo. H. Vogt (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date July 7 19 79

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 7-7 19 79 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mich. Signature Robert 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)