

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

D-18

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Lynnan Andrews Kupper Date of death 1-3 1979
Cause of death acute Posterior Myocardial Infarct
Place of death Barrie (County) Hastings Race W Sex M Age 73
Method of disposal Burial (Township or village or city) Woodlawn
(Whether burial, cremation, storage, etc.) Eaton (Cemetery or crematory) Wiedeman
County _____ State _____

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. N. Vogt Address Waukegan Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Geo. N. Vogt Date 1-5- 1979
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Stored on 1-6, 1979 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.)
Place Waukegan, Mich. Signature Robert Halliwell
(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)