

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. 14

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

HAROLD GAUT

Full name of deceased HAROLD GAUT Date of death 9-8 19 91

Cause of death _____

Place of death Jackson (County) Jackson Race W Sex M Age 74

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

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Thomas W. Sanders Address 1806 E. Michigan Ave.

(Funeral director or person acting as such) to dispose of body of said deceased.

Signature Thomas Sanders Date September 9 19 91
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on Sept 10 19 91 in Woodlawn Cemetery

Place Vermontville, MI State whether cremated, buried, stored, etc.) John G. Gellerman (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).

(OVER)