A-197

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL — TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Florence I Rawson No.

Cause of death Pneumonia

Place of death Hayes-Green-Beach Hospital (Township or village or city)

Date of death November 30, (County) 1963 Race White Sex Female Age 83

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

County Eaton State Michigan

A certificate of death or stillbirth having been filed as required by the laws or regulations of this state, permission is hereby given

to George H Vogt (Funeral director or person acting as such) Address Nashville, Michigan

to dispose of body of said deceased.

Signature Robert N Lake Date December 2, 1962

(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 Dec 4 1963 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hallisuld (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)