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BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Florence L. Garrett No. _____
Cause of death acute coronary occlusion
Place of death Caton (County) Vermontville
Date of death Dec. 30 1962 Race white Sex female Age 58
Method of disposal Burial
County Caton State Mich. (Cemetery or crematory)

A certificate of death or stillbirth having been filed as required by the laws or regulations of this state, permission is hereby given to Vogt Funeral Home Address Vermontville Mich
(Funeral director or person acting as such)
to dispose of body of said deceased
Signature Deo H Vogt Date Jan. 3 19 62
(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on Jan 3 1962 in Woodlawn Cem.
(State whether cremated, buried, stored, etc.)
Place Vermontville Signature Wally Aldrich (Cemetery or crematory)
(Sexton or person in charge)

This permit must be endorsed by the sexton (or by the funeral director or Mortuary Science license holder 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