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BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Sophia Janie Cronk No. _____
Cause of death Acute Medullary failure Cerebral vascular hemorrhage
Place of death Eaton Charlotte
(County) (Township or village or city)
Date of death June 13 1963 Race white Sex female Age 93
Method of disposal Burial Woodlawn Cemetery
(Whether burial, cremation, storage, etc.) (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 Geo. H. Vogt Address Nashville, Mich.
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature Dorothy L. (Singer) Date June 14 1963
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on June 15 1963 in Woodlawn Cem.
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place Nashville Signature Valley Aldrich (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)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION