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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL — TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Evelyn M Pullman No.

Cause of death Uremia and Pleural effusion

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

Date of death November 12, 1965 19 Race W Sex f Age 53

Method of disposal Burail (Whether burial, cremation, storage, etc.) Woodlawn Cemetery (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 Vermontville, Michigan

to dispose of body of said deceased.

Signature Robert H Lake Date 11-15-1965 19

(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on Nov 15 19 45 in Woodlawn

(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vermontville Signature Lowell Hartwell

(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)