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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL — TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Robert L. Mead No.

Cause of death Congestive Cardiac Failure

Place of death Calhoun (County) Battle Creek Twp. (Township or village or city)

Date of death May 4 1965 Race White Sex Male Age 51

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 Vogt Funeral Home (Funeral director or person acting as such) Address Nashville, Mich.

to dispose of body of said deceased.

Signature George H Vogt Date May 5 1965

(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 May 7 1965 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hallwell (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)