G-53
W ½

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Arthur E McCrimmon No.

Cause of death Left Pneumothorax

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

Date of death Sept 6, 1965 19___. Race White Sex M Age 80

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

County Eaton State Michigan

A certificate of death or fetal death 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 H Lake Date 9-8-1965 19___

(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 Sept 9, 1965 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hallmill (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)