

B-32

BURIAL—TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

14406

Full name of deceased June Mabel Smith No. _____
Cause of death Pneumonia
Place of death Wayne Detroit
(County) (Township or village or city)
Date of death October 7, 1966 . Race White Sex Female Age 71
Method of disposal Burial Woodlawn
(Whether burial, cremation, storage, etc.) (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 William A. Querfeld Address Dearborn, Michigan
(Funeral director or person acting as such)
to dispose of body of said deceased. OCT 10 1966 John F. Hanlon MD
Signature _____ Date _____ 19____
(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Burned on Oct 11 1966 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place Pneumonia Signature Lois H. Halliday
(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