

C-3

BURIAL—TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Beulah Snoke

Full name of deceased _____ No. _____

Cause of death Uremia - Chronic pyelonephritis - Diabetes

Place of death Eaton City of Charlotte
(County) (Township or village or city)

Date of death May 8, 19 66 Race White Sex Female Age 70

Method of disposal Burial Woodlawn Cemetery
(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 George H. Vogt Address Nashville, Michigan
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature Gene Cooper, Dep. Clerk Date May 9, 19 66
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on May 11, 19 66 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vernonville Signature Lowell Hallenbeck
(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