

A-194

BURIAL—TRANSIT PERMIT
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Frances Proger No. _____
Cause of death Tumor of the brain
Place of death Calhoun Battle Creek
(Township or village or city)
Date of death September 18 19 66. Race White Sex Female Age 70
Method of disposal Burial
(Whether burial, cremation, storage, etc.)
County Caton State Michigan
(Cemetery or crematory)

A certificate of death of fetal death having been filed as required by the laws or regulations of this state, permission is hereby given to Vogt Funeral Home Address Nashville, Mich.
to dispose of body of said deceased
Signature George H. Vogt Date 9-19 19 66
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Sept 20 19 66 in Woodlawn
(State whether cremated, buried, stored, etc.)
Place Okemosville Signature Lowell Hollenbeck
(Cemetery or crematory)
(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