

F-63

BURIAL — TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Worth Allen Ward No. _____
 Cause of death Carcinoma, Bladder, Prostate
 Place of death Calhoun (County)
 Date of death August 3 19 67 Race white Sex male Age 82
 Method of disposal Burial (Whether burial, cremation, storage, etc.)
 County Calton State Michigan (Cemetery or crematory)
Woodlawn

A certificate of death or stillbirth having been filed as required by the laws or regulations of this state, permission is hereby given to Geo. H. Vost Address Washville, Mich.
 (Funeral director or person acting as such)
 to dispose of body of said deceased.

Signature Geo. H. Vost Date 8-7 19 67
 (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Aug 7 19 67 in Woodlawn
 (State whether cremated, buried, stored, etc.) (Cemetery or crematory)
 Place Kennettville Signature Lowell Halliwell (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