

F-27

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Minnie I Lovell No. _____
Cause of death Arterio sclerotic heart disease
Place of death Clinton Dewitt
(County) (Township or village or city)
Date of death January 6 19 67 Race white Sex female Age 86
Method of disposal Burial Woodlawn Cemetery, Vermontville
(Whether burial, cremation, storage, etc.) (Cemetery or crematory)
County Eaton State Michigan

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. Vest Address Marquette, Mich
(Funeral director or person acting as such)

to dispose of body of said deceased
Signature George H. Vest Date 1-9 19 67
(Check one: ☒ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on Jan 9 19 67 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place Woodlawn Signature Lowell
(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