

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Albert Ford No. _____

Cause of death Myocardial Infarction

Place of death Barry (County) Hastings (Township or village or city)

Date of death December 3 19 68 Race White Sex Male Age 83

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn (Cemetery or crematory)

County Caton 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 Geo. H. Vogt Address Joshville, Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Geo. H. Vogt Date 12-4 19 68
(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Dec 5 19 68 in Woodlawn (Cemetery or crematory)

Place Barry Signature James G. Hallman (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)