

F-41
W-2

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Vern No. _____
Cause of death arteriosclerotic heart disease
Place of death Gaston (County) Charlotte (Township or village or city)
Date of death Dec 31 19 68 Race white Sex male Age 76
Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn (Cemetery or crematory)
County Gaston 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. Vogt Address Marquette, Mich.
(Funeral director or person acting as such)
to dispose of body of said deceased.
Signature Geo. H. Vogt Date 1-3- 19 68
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was interred on Jan 3 19 68 in Marquette
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place Marquette 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