

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

4139
Full name of deceased Catherine Ward No. _____
Cause of death Bronchopneumonia
Place of death Calhoun Springfield
(County) (Township or village or city)
Date of death 12-5 19 69 Race White Sex Female Age 84
Method of disposal Burial Woodlawn
(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. Vogt Address Nashville, Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Geo. H. Vogt Date 12-6 19 69
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Dec 8 19 69 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place Nashville Signature Loonell Hallmark
(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)