

452

**BURIAL — TRANSIT PERMIT**  
**MICHIGAN DEPARTMENT OF HEALTH**

Full name of deceased..... *Bernice E. Swift* No.....

Cause of death..... *Cerebral Hemorrhage*

Place of death..... *Barrow* (County) *Cathlamet* (Township or village or city)

Date of death..... *Aug 18* 19 *70* Race..... *White* Sex..... *Female* Age..... *67*

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

County..... *Caton* 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..... *8-18-70*

(Check one:  Registrar,  Funeral Director,  Mortuary Science Licensee)

**CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW**

Body was..... *Burned* on *Aug 21* 19 *70* in *Woodlawn*

(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place..... *Nashville* Signature..... *Lowell Holbrook* (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