

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Barbara Hope Pulmonary Failure No. _____

Cause of death _____

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

Date of death June 19 1977. Race White Sex Female Age 39

Method of disposal Burial
(Whether burial, cremation, storage, etc.)

County Caton State Michigan
(Cemetery or crematory)

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. A. Vogt Address Jacksdale, Mich.
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature Geo. A. Vogt Date 6-16- 1977
(Check one: Registrar, Funeral Director, Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Burned on June 19 1977 in Mountlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Mountlawn 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