

B-58

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Edwin S. Williams No. _____

Cause of death generalized arteriosclerosis

Place of death Edon (County) Charlton (Township or village or city)

Date of death June 9 1923. Race White Sex M Age 89

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

County Edon State Mich

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 Jasbelle Mich (Funeral director or person acting as such) to dispose of body of said deceased.

Signature Geo. H. Vogt Date 6-10 1923 (Check one: Registrar, Funeral Director, Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on June 9 1923 in Woodlawn (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Kemontville 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