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BURIAL—TRANSIT PERMIT
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Walter E. Wells No. _____

Cause of death Coronary Occlusion

Place of death Easton (County) Charlotte (Township or village or city)

Date of death January 28 1971. Race White Sex Male Age 61

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

County Easton State Michigan

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 Northville, Mich.

(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature Geo. H. Vogt Date 1-29- 1971

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Interred on Feb 1 1971 in Woodlawn (Cemetery or crematory)

Place Northville Signature Lowell Hilliard (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.

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