

A-71

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased LZ Hager Date of death 3-9-77 19__

Cause of death Heart Failure Pneumonitis

Place of death Kent Grand Rapids Race White Sex M Age 74

Method of disposal Burial Woodlawn Cemetery (Township or village or city)

(Whether burial, cremation, storage, etc.) County Vermontville State Mich

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

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 Sullivan Borr Address Grand Rapids, Michigan to dispose of body of said deceased.

(Funeral director or person acting as such)

Signature [Signature] Date March 10, 1977 19__
(Check one: Registrar, Funeral Director, Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Burial on Mar 11 19 77 in Woodlawn (Cemetery or crematory)
Place Vermontville Signature [Signature] (Cemetery or crematory)

(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