

E-4
w 1/2

BURIAL -- TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH
Harold Marion Russell

Full name of deceased.....

No. 848

Cause of death..... Adenocarcinoma of Rectum

Place of death..... Kent

Grand Rapids

(Township or village or city)

Date of death..... April 24

19 63

Race White

Sex Male

Age 47

Method of disposal.....

Burial

Woodlawn Cem.

Vermontville, (Cemetery or crematory)

County..... Kent Co.

State Michigan

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 Vogt. Funeral Home

Address. Vermontville, Mich.

(Funeral director or person acting as such)

to dispose of body of said deceased.

R. Stanton Higginbotham

Signature.....

Date April 25 19 63

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was.....

on April 24 19 63

in

Woodlawn Cem.

(State whether cremated, buried, stored, etc.)

(Cemetery or crematory)

Place.....

Signature.....

(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