

6-29

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Nickola Gorodenaki No. _____

Cause of death Myocardial Infarction

Place of death Charlottesville
(Township or village or city)

Date of death 9-5-37 Race White Sex Male Age 69
(County)

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

County Calton State Michigan (Cemetery or crematory)

A certificate of death or stillbirth having been filed as required by the laws or regulations of this state, permission is hereby given to Geo. H. Vest Address Washville, Mich.
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature Geo. H. Vest Date 9-6-37
(Check one: Registrar, Funeral Director, Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Sept 6 1937 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Washville Signature Lowell Hubbard
(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