

# BURIAL-TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Daniel Grubbs No. \_\_\_\_\_  
Cause of death Heart Block  
Place of death St. Joseph Constantine  
(County) (Township or village or city)  
Date of death May 12 1946 Color White Sex Male Age 71  
Method of disposal Burial Palestine  
(Whether burial, cremation, storage, etc.) (Cemetery or crematory)  
County Noscusko State Indiana

A certificate of death having been filed as required by the laws of this state, permission is hereby given to Tom W. Fisher Address Constantine Mich  
(Funeral director or person acting as such)  
to dispose of body of said deceased.  
Signature H. E. Smith Date May 13, 1946  
Check one:  Registrar  Sub-Registrar

## CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was \_\_\_\_\_ on \_\_\_\_\_ 19 \_\_\_\_\_ in \_\_\_\_\_  
(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 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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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION