

A-4

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Ada May Lackey No. _____
Cause of death Carcinomatosis,
Place of death Newaygo White Cloud
(County) (Township or village or city)
Date of death 28 July 19 60 Race White Sex Female Age 82
Method of disposal Burial Maple Lawn
(Whether burial, cremation, storage, etc.) (Cemetery or crematory)
County Canton State 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 James Schuiteman Address Fremont, Michigan
(Funeral director or person acting as such)
to dispose of body of said deceased.
Signature [Signature] Date July 29 19 60
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on July 30 19 60 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place Cantonville Signature Glen Satterlee
(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