

BURIAL — TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased

GUS CLOUSE

No.

CH-7

Cause of death

Acute heart failure - Arteriosclerotic heart disease

Place of death

Eaton

Charlotte

(County)

Date of death

January

19 70

Race

White

Sex

Male

Age

69

Method of disposal

Burial

Woodlawn Cemetery

(Whether burial, cremation, storage, etc.)

Eaton

Michigan

(Cemetery or crematory)

County

A certificate of death or stillbirth having been filed as required by the laws or regulations of this state, permission is hereby given to _____
(Funeral director or person acting as such)
Myron E. Pray Address Charlotte, Michigan
to dispose of body of said deceased.

Signature

Katharine J. Bosworth/C

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

Date

1-19-

19 70

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was

Buried

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

on Jan 21

19 70

in

Woodlawn

(Cemetery or crematory)

Place

Chapmanville

Signature

Samuel Hallworth

(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