

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Alberta Ella Bailey No. J-601

Cause of death Undifferentiated Carcinoma left Breast

Place of death Jackson Jackson (County) White (Township or village or city) Female Sex 46 Age

Date of death Sept. 2 19 70 . Race Woodlawn

Method of disposal Burial (Whether burial, cremation, storage, etc.) Michigan State Woodlawn (Cemetery or crematory)

County Eaton

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

Signature Floyd J. Poole by Patricia M. Carey Spty Date 9/3/70 19 70
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Received on Sept 5 19 70 in Woodlawn (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Des Moines Signature Gould Halliday (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)