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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Minnie L. Baas No.

Cause of death Carcinomatosis

Place of death Barry (County) Hastings Township (Township or village or city)

Date of death March 15, 1972 19___. Race White Sex Female Age 91

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

County Eaton State Michigan

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 Leonard-Osgood Funeral Home (Funeral director or person acting as such) Address Hastings, Michigan.

to dispose of body of said deceased.

Signature Jack D Osgood Date March 16, 1972 19___

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Vault (State whether cremated, buried, stored, etc.) on Mar 17 1972 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hakinen (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)