

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

C-3

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Mrs Marion Beck No. _____

Cause of death Cerebrovascular Accident

Place of death Eaton Charlotte
(County) (Township or village or city)

Date of death January 17 19 73. Race W Sex F Age 89

Method of disposal Burial Woodlawn
(Whether burial, cremation, storage, etc.) (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 Holihan Funeral Home Address Grand Ledge, Michigan

(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature [Signature] Date January 19 19 73
(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Jan 20 19 73 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Ann Arbor Signature [Signature] (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)