

A-156

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Ruby E. Hline No. _____
Cause of death Respiratory & Cerebral Hemorrhage
Place of death Eaton (County) Charlottesville
Date of death July 9 1973. Race White Sex Female Age 90
Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn
County Eaton State Michigan (Cemetery or crematory)

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 Geo. H. Vest Address Charlottesville Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.
Signature Geo. H. Vest Date 7-10-1973
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on July 11 1973 in Woodlawn
(State whether cremated, buried, stored, etc.)
Place Charlottesville Signature Lowell Halliwell (Cemetery or crematory)
(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