

Temporary

G-45

BURIAL—TRANSIT PERMIT
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Rodger Lawrence Beals II No. _____

Cause of death _____

Place of death Ingham Lansing
(County) (Township or village or city)

Date of death August 9, 19 74 . Race White Sex Male Age 8 days

Method of disposal Burial Woodlawn Cemetery
(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 Burkhead Funeral Home Address Charlotte, Michigan
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature [Signature] Date August 12, 19 74
(Check one: ☒ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Aug 12 19 74 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodlawn Signed Lawrence Beals II
(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