A- Lot 85

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased CARRIE A. LEWALLEN No.

Cause of death UREMIA

Place of death BARRY (County) HASTINGS (Township or village or city)

Date of death 12/19 19 74. Race W Sex FE. Age 92

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAWN (Cemetery or crematory)

County CALHOUN State MICH.

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 THOMAS C. GIRRBACH (Funeral director or person acting as such) Address HASTINGS, MI.

to dispose of body of said deceased.

Signature Thomas C. Girrbach Date 12/20/ 19 74

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Dec 21 19 74 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hatfield (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)