

B-57

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased MRS. MABEL ALTHOUSE No. _____Cause of death Arteriosclerotic Heart DiseasePlace of death Calhoun Battle Creek
(County) (Township or village or city)Date of death December 31, 19 76 . Race White Sex Female Age 8 4Method of disposal Burial Woodlawn Cemetery
(Whether burial, cremation, storage, etc.) (Cemetery or crematory)County Eaton State MichiganA certificate of death or fetal death having been filed as required by the laws or regulations of this state, permission is hereby given to Richard A. Henry Funeral Home Address Battle Creek
(Funeral director or person acting as such)
to dispose of body of said deceased.Signature Richard A. Henry Date Dec. 31, 19 76
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Interred on Jan 4 19 77 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)Place Woodlawn Signature Small Hubbard
(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