F - E½ lot 17

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased DeEtta V. Dove Date of death Jan. 22 19 77

Cause of death _____

Place of death Calhoun (County) Battle Creek, (Township or village or city) Race white Sex F Age 74

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn Cemetary (Cemetery or crematory)

APPROVED FOR CREMATION County Eaton County State Michigan

Signature of Medical Examiner _____ Date _____ 19 ____

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 Hebble Funeral Service (Funeral director or person acting as such) Address 123 W. Michigan Avenue Battle Creek, Mich 49014 to dispose of body of said deceased.

Signature L L Bachman Date January 25, 1977 19 ____

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Vault (State whether cremated, buried, stored, etc.) on Jan 25 19 77 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Kalbfleisch (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)