F-34

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased EDWARD D. BARBER Date of death 3-24- 1977

Cause of death RESPIRATORY AND CARDIAC ARREST

Place of death BARRY (County) HASTINGS (Township or village or city) Race WHITE Sex M Age 65

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

County EATON State MICH.

APPROVED FOR CREMATION

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 LEONARD-OSGOOD FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MICHIGAN to dispose of body of said deceased.

Signature David C. Wren Date MARCH 24 1977

(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 Mar 26 1977 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Helfwell (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)