

6-79

BURIAL—TRANSIT PERMIT
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

No. 1053

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Gus Clouse Jr. Date of death 9/14/ 19 78

Cause of death Cerebral vascular thrombosis

Place of death Ingham Lansing Race white Sex M Age 48
(County) (Township or village or city)

Method of disposal Burial Woodlawn Cemetery, Vermontville
(Whether burial, cremation, storage, etc.) (Cemetery or crematory)
County Eaton State Michigan

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 Pray Funeral Home Address 401 W. Seminary, Charlotte, Mich.
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Leo Fulton Date 9/15/ 19 78
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Sept. 18, 19 78 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place Vermontville, Mich. Signature Robert Hollins
(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)