G-39

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased CLIFTON E. EVERETT Date of death 3-25 19 28

Cause of death RESPIRATORY FAILURE

Place of death CALHOUN (County) BATTLE CREEK (Township or village or city) Race W Sex M Age 87

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

County CALHOUN 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 WILLIAM A. CRANE - ROYAL F.H. (Funeral director or person acting as such) Address 281 UPTON AVE BATTLE CREEK, MICH. to dispose of body of said deceased.

Signature [signature] (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date March 28 19 28

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was stored in vault (State whether cremated, buried, stored, etc.) on Mar. 29, 19 28 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mich. Signature Robert Halliwill (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)