THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

G-67

# BURIAL—TRANSIT PERMIT

No._____

## MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Adolph Edward Roth Date of death 6-10 19 79

Cause of death Cardiac Decompensation-Congestive Heart Failure

Place of death Clare (County) Clare (Township or village or city) Race White Sex M Age 78

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn Cemetery (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 (Funeral director or person acting as such) Address Charlotte, Michigan to dispose of body of said deceased.

Signature Joseph E. Pray (Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date June 12 19 79

**CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW**

Body was Buried (State whether cremated, buried, stored, etc.) on 6-12 19 79 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mich. Signature Robert Halliwell (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)