THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

D-66

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased BEULAH R. HAMMOND Date of death 7-6-79 19____

Cause of death PENDING MEDICAL CERTIFICATION

Place of death BARRY (County) HASTINGS (Township or village or city) Race WHITE Sex FE Age 75

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

County EATON State MICH.

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to LEONARD-OSGOOD & WREN F.H. (Funeral director or person acting as such) Address HASTINGS, MICHIGAN to dispose of body of said deceased.

Signature Daniel C. Wren Date JULY 7 19 79

(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 7-9 19 79 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).*

(OVER)