J-16

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased ROSE MAE TILLEY Date of death Sept 2 19 80

Cause of death Gunshot wound of chest

Place of death Wayne Co. (County) Detroit (Township or village or city) Race W Sex F Age 56

Method of disposal Burial (Whether burial, cremation, storage, etc.) Vermontville-Woodlawn Cemetery (Cemetery or crematory)

County Eaton State Michigan

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 Thayer-Rock Funeral Home (Funeral director or person acting as such) Address 33603 Grand River Ave. Farmington, Michigan to dispose of body of said deceased.

Signature Robert H. Rock (Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee) Date Sept 5 19 80

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 9-5 19 80 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mich. Signature Robert L. 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)