

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

No. CH-66

6-8

Full name of deceased Cleo Rawson Date of death 9-9 19 80

Cause of death Cardio respiratory Arrest

Place of death Eaton (County) Charlotte Race White Sex M Age 85

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 Address Charlotte, Michigan (Funeral director or person acting as such) to dispose of body of said deceased.

Signature Kathryn I. Bosworth Date Sept. 10 19 80
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on 9-12 19 80 in Woodlawn Cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vermontville, Mich. Signature Robert L. Holland (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)