B-28

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased LYLE W. DEAN Date of death 3-27-80 19____

Cause of death RESPIRATORY ARREST

Place of death BARRY (County) HASTINGS TWP. (Township or village or city) Race WHITE Sex ~~F~~ M Age 78

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

Signature David C. Wren Date MARCH 29 1980

(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 3-31 1980 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)