C-2

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Mary G. Parsons Date of death 6-10- 1980

Cause of death Crebral thrombosis

Place of death Montcalm (County) Greenville (Township or village or city) Race White Sex F. Age 87

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 having been filed as required by the laws or regulations of this state, permission is hereby given to Marshall Funeral Home (Funeral director or person acting as such) Address 420 W. Grove Greenville, Mi 48838 to dispose of body of said deceased.

Signature Lee Marshall (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date June 14 1980

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 6-14 1980 in Woodlawn Cemetery (Cemetery or crematory)

Place Greenville Mich Eaton Co Signature Carl Brown Sext (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)