

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

F-1

CH-89

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Georgiana Lyford

Date of death 8-23 19 81

Full name of deceased SHOCK PROBABLY CARDIOGENIC

Cause of death Eaton Charlotte, Mi. Race White Sex F Age 85

Method of disposal Burial (Township or village or city) WOODLAWN CEMETERY (Whether burial, cremation, storage, etc.) Eaton (Cemetery or crematory) 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 401 W. Seminary Street to dispose of body of said deceased. Charlotte, Mich. 48813

Signature Linda M. Twitchell Date Aug. 25 19 81

(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on 8-26 19 81 in Woodlawn Cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory) Place Vernonville, Mich. Signature Robert L. Halliday (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)