A-51

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Calista Jane Faust Date of death 8-13 1982

Cause of death Pneumonia

Place of death Genesee (County) (Township or village or city) Race W Sex F Age 94

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 Leo H Vogt (Funeral director or person acting as such) Address Nashville Mich to dispose of body of said deceased.

Signature Leo H Vogt (Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date Aug 16 82 19____

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 8-16 1982 in Woodlawn cemetery (Cemetery or crematory)

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