THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

G-73

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Thomas Edward Clouse Date of death 3-2 19 83

Cause of death Cardiac Arrest

Place of death Eaton (County) Charlotte (Township or village or city) Race W Sex M Age 49

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn Cemetery (Cemetery or crematory)

County Eaton State MI

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 Pray Funeral Home, Inc. (Funeral director or person acting as such) Address 401 W. Seminary St. Charlotte, MI 48813 to dispose of body of said deceased.

Signature Joseph E. Pray Date Mar. 6 19 83

(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 3-6 19 83 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)