G-29

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased CLARE FOSTER Date of death June 25 19 83

Cause of death ACUTE PULMONARY EDEMA

Place of death HILLSDALE (County) HILLSDALE (Township or village or city) Race WHITE Sex MALE Age 83

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) VERMONTVILLE 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 GEORGE WHITE FUNERAL HOME (Funeral director or person acting as such) Address 220 N. CHICAGO LITCHFIELD, MI to dispose of body of said deceased.

Signature Nancy Travis (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date JUNE 28, 19 83

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED (State whether cremated, buried, stored, etc.) on 6-28 19 83 in Woodlawn cemetery (Cemetery or crematory)

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