

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

6-29

BURIAL—TRANSIT PERMIT

No. 26

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Valeria Gorolenski Date of death 12-17-19 83

Cause of death Cardiac arrhythmia

Place of death Barny Race W Sex F Age 82
(County) (Township or village or city)

Method of disposal Burial (Whether burial, cremation, storage, etc.)
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 Geo H Vest Address Northville MI
(Funeral director or person acting as such)

to dispose of body of said deceased

Signature Geo H Vest Date 12-21- 1983
(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was STORED on 12-21 19 83 in WOODLAWN CEMETERY
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place VeA Montville, MI. Signature Robert L. Halliwell
(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)