B-34

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Max D. Carey Date of death 4-5 19 83

Cause of death Pneumonia

Place of death Calhoun (County) Battle Creek (Township or village or city) Race W Sex M Age 88

Method of disposal Burial (Whether burial, cremation, storage, etc.) 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 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 (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date April 8 19 83

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED (State whether cremated, buried, stored, etc.) on 4-8 19 83 in Woodlawn Cemetery (Cemetery or crematory)

Place VERMONTVILLE, Mich. Signature Robert L. Halliwill (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)