

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

6-19

BURIAL—TRANSIT PERMIT

No. 13 #246

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Dasie L. Hokanson Date of death 7-31 19 84

Cause of death Respiratory Failure

Place of death Eaton Charlotte Race White Sex F Age 88
(County) (Township or village or city)

Method of disposal Burial Woodlawn Cemetery
(Whether burial, cremation, storage, etc.) (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. Address 401 W. Seminary
(Funeral director or person acting as such) Charlotte, MI 48813
to dispose of body of said deceased.

Signature Linda M. Twitchell Date August 1 19 84
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED on 8-2 19 84 in woodlawn cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Ver Montville, Mi. Signature Robert L. Holliday
(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) Plat G # 19