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G-29

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Pauline Margaret Foster Date of death Dec. 10, 19 86

Cause of death PULMONARY EDEMA

Place of death Jackson (County) Jackson (Township or village or city) Race White Sex F Age 80

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

County _____ 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 Chas. J. BUrden & Son Funeral Home (Funeral director or person acting as such) Address 1806 E. Mich. Ave. Jackson, MI to dispose of body of said deceased.

Signature William J. Petrie (Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date _____ 19____

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED (State whether cremated, buried, stored, etc.) on Dec. 12, 1986 in WOODLAWN CEMETERY (Cemetery or crematory)

Place VERMONTVILLE, MI. 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) PLAT G LOT # 29

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