G-25

19

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Jo Carol Thomson Date of death 12-6 19 86

Cause of death Pending Autopsy results

Place of death Ingham (County) Lansing (Township or village or city) Race white Sex F Age 31

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 Charlotte, MI 48813 to dispose of body of said deceased.

Signature (Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date 19

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was (State whether cremated, buried, stored, etc.) on 12/9/ 1986 in (Cemetery or crematory)

Place Signature (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 D LOT #25