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BURIAL—TRANSIT PERMIT

No. 14

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

LESLIE J. FAUST

Full name of deceased _____ Date of death OCT. 21 1989

Cause of death _____

Place of death MECOSTA BATTLE CREEK Race W Sex FE Age 81

Method of disposal BURIAL (County) _____ (Township or village or city) _____
(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 MAPLE VALLEY CHAPEL—GENTHER F.H. Address NASHVILLE
(Funeral director or person acting as such) to dispose of body of said deceased.

Signature Richard Genther Date Oct 22 1989
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED on OCT. 24, 1989 in WOODLAWN cemetery
(State whether cremated, buried, stored, etc.)
Place VERMONTVILLE, MI. Signature Robert A. Halliwell
(Cemetery or crematory)
(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 F #51 E.A

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION