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BURIAL—TRANSIT PERMIT

No. _____

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

Full name of deceased Grace Mae Sprague Date of death 2-28 19 89

Cause of death Advanced generalized arteriosclerosis

Place of death Ingham (County) Meridian Twp. (Township or village or city) Race white Sex F Age 100

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 ReVm m Seavolt (Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee) Date March 3 19 89

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was STORED (State whether cremated, buried, stored, etc.) on MAR. 3, 19 89 in Woodlawn cemetery (Cemetery or crematory)

Place VERMONTVILLE, M. Signature Robert Kellogg (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 #64

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

B-26 5/84