I-14

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

CH-63 No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased DALE K. FOOTE Sr. Date of death 7-20 19 77

Cause of death Renal Failure - Cerebral Insuffiency - Dehydration

Place of death Eaton (County) Charlotte (Township or village or city) Race White Sex M Age 70

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 or fetal death having been filed as required by the laws or regulations of this state, permission is hereby given to Pray Funeral Home (Funeral director or person acting as such) Address Charlotte, Michigan to dispose of body of said deceased.

Signature Kathryn D. Bennett/Co (Check one: ☑ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date 7-21 19 77

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on July 23 19 77 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hallwell (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)* and returned within seven days to the registrar of the district in which the burial takes place.

(OVER)