B-27

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased GERALD R. MC CLELLAND Date of death 2-1-79 19____

Cause of death PENDING MEDICAL CERTIFICATION

Place of death KALAMAZOO (County) KALAMAZOO (Township or village or city) Race WHITE Sex M Age 76

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAWN (Cemetery or crematory)

County EATON State MICH.

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 LEONARD-OSGOOD & WREN F.H. (Funeral director or person acting as such) Address HASTINGS, MICHIGAN to dispose of body of said deceased.

Signature Harold C. Wren Date FEB. 3 19 79

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was stored (State whether cremated, buried, stored, etc.) on 2-6 1979 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mich. Signature Robert Hallinell (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)