

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT No. 4

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased MARJORIE JUNE ELLSWORTH Date of death JAN. 28 1990

Cause of death _____

Place of death KENT Grand Rapids Race White Sex F Age 65

Method of disposal BURIAL Woodlawn (Cemetery or crematory)

(Whether burial, cremation, storage, etc.)

County Barry State MI.

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 Girbach Funeral Home Address Hastings, Michigan to dispose of body of said deceased.

(Funeral director or person acting as such)

Signature Ray S. Shilbach Date January 31 1990

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was STORED on JAN 31, 1990 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.)
Place VERMONTVILLE, MI. Signature Robert A. Hollway
(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 J #16 w/3