

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

F-26

BURIAL—TRANSIT PERMIT No. 8
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Office of the State Registrar and Center for Health Statistics
Donna Gene Gelina

Full name of deceased _____ Date of death 04/16 1990

Cause of death Lung Cancer

Place of death Calhoun Battle Creek Race White Sex F Age 64
(Township or village or city)

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) Eaton County MI State MI
(Cemetery or crematory) Woodlawn Cemetery

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 _____ Address 103 East Mansion
Craig K. Kempf Funeral Home Marshall, Michigan 49068
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature _____ Date 04/20 1990
(Check one: ☐ Registrar ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on 4-20 1990 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.)

Place Warrentonville, Mi. Signature Robert F. 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 #26