

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

G-67

BURIAL—TRANSIT PERMIT

No. 3

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Act 368 of 1978 and Act 299 of 1980

Lela Grace Roth

Full name of deceased _____ Date of death Apr 9 19 93

Cause of death Congestive heart failure

Place of death Ingham, Lansing, MI. Race White Sex F Age 86

Method of disposal Burial (Township or village or city) Woodlawn at Vermontville
(Whether burial, cremation, storage, etc.) Eaton County MI 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 JPS

(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature Joseph E. Jones Date April 12 19 93

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Burial

Body was _____ on Apr 12 1993 in Woodlawn at Vermontville
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place _____ Signature John J. Jones (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)