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BURIAL—TRANSIT PERMIT

No. 8

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Sarah Alice Swift Date of death May 11, 1993

Cause of death Cardiac Dysrythmia

Place of death EAton (County) Olivet (Township or village city) Race W Sex F Age 68

Method of disposal Cremation (Whether burial, cremation, storage, etc.) Central Mich. Crematory (Cemetery or crematory)

APPROVED FOR CREMATION County Calhoun State Mich.

Signature of Medical Examiner R L Keesen Date May 12, 1993

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Burkhead-Green Funeral Home (Funeral director or person acting as such) Address Charlotte, Mich. 48813 to dispose of body of said deceased.

Signature Charles L Green Date May 12, 1993

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Cremated (ashes buried) on May 14 1993 in Woodlawn (Cemetery or crematory)
(State whether cremated, buried, stored, etc.)

Place Vermontville, Mi Signature John R Stutzman (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 D lot 2

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