F-34

PERMIT FOR FINAL DISPOSITION OF HUMAN REMAINS

#18
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Name of Decedent	Sex	Date of Birth	Date of Death
ETHEL A. BARBER	F	May 16, 1912	11-9-94

Place of Death—City or Town	County	Name of Informant
HILLCREST W	KNOX	WREN F.H.

Name of Funeral Director (or Person Acting as Such)	Street & Number or Route
William Hudson	1401 N. BROADWAY
Address of Funeral Director (or Person Acting as Such)	**City, State & Zip Code**
McCARTY MORTUARY	HASTINGS, Michigan

Application for Permit

I, WILLIAM D. HUDSON hereby apply for a permit for the final disposition of the remains of the above named decedent. I agree to abide by all laws and regulations of the Tennessee Department of Health and Environment and all other laws pertaining to the preparation, container, transportation, burial and/or cremation of same. The type permit needed is checked below.

Signature William D. Hudson Address McCarty Mortuary Inc.

TYPE OF PERMIT REQUESTED
(Check Boxes that are Applicable)

- ☐ Burial
- ☐ Cremation
- ☑ Transit
- ☐ Disinterment
- ☐ Reinterment
- ☐ Scientific Use

Burial	Name and Address of Cemetery where Remains are to be Interred	County