A-47

BURIAL—TRANSIT PERMIT

No. 5

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased BARBARA LOUISE FOSTER Date of death 3-30 19 95

Cause of death HEART ATTACK

Place of death EATON (County) CHESTER TWP (Township or village or city) Race W Sex F Age 68

Method of disposal CREMATION (Whether burial, cremation, storage, etc.) CENTRAL MI CREMATORY (Cemetery or crematory)

County CALHOUN 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 MAPLE VALLEY CHAPEL (Funeral director or person acting as such) Address NASHVILLE

to dispose of body of said deceased.

Signature Richard A. Gentner Date 5-19 19 95

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Cremated ashes buried (State whether cremated, buried, stored, etc.) on May 17 1995 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mi Signature John Gatterburn (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 A lot 47

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980