

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Office of the State Registrar and Center for Health Statistics

No. 11

Full name of deceased Arlene Lenore Bryant Date of death May 17 19 97

Cause of death Stroke

Place of death Calhoun ^(County) Springfield ^(Township or village or city) Veteran? No Sex Fe Age 74

Method of disposal Burial ^(Whether burial, cremation, storage, etc.) Vermontville Cemetery ^(Cemetery or crematory)

County Eaton State Michigan

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 Farley-Estes & Dowdle Funeral Home Address 105 Capital Ave, NE
Battle Creek, MI 49017
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature KSH ^(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date May 21 19 97

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on May 21 19 97 in Woodlawn Cemetery ^(Cemetery or crematory)

Place Vermontville, MI Signature John J. [Signature] ^(Sex of 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)

lot 48 plat A