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BURIAL—TRANSIT PERMIT

No. 4

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 Elizabeth A. Hopper Date of death 3-29 19 97

Cause of death Pneumonia

Place of death Ingham (County) Lansing (Township or village or city) Veteran? NO (Yes or No) Sex F Age 87

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

County Eaton 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 Genther Funeral Home (Funeral director or person acting as such) Address Nashville, MI to dispose of body of said deceased.

Signature Richard Genther Date 4-6 19 97

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on April 6 19 97 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mi. Signature John Gatabusa (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 17

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