A-194

BURIAL—TRANSIT PERMIT

No. 0629-(9)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Office of the State Registrar

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Gertrude E. McClelland Date of death 3-13 19 99

Cause of death CARDIOPULMONARY ARREST

Place of death Macomb (County) Clinton Township (Township or village or city) Veteran? No (Yes or No) Sex F Age 78

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

County _____ 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 Duncan-Olszewski Funeral Home (Funeral director or person acting as such) Address 58611 Main New Haven, Mi.

to dispose of body of said deceased.

Signature Pamella Sabaugh (Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date MAR 16 1999 19___

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was STORED 3/17/99 (State whether cremated, buried, stored, etc.) on _____ 19 99 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mi Signature John Lathbury (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)

B-26 4/97 Authority: Act 368 of 1978 and Act 299 of 1980

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