F-44

BURIAL–TRANSIT PERMIT

No. 9

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Division for Vital Records

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Clarence Barnhart Faust Date of death May 28, 2001

Cause of death Aspiration pneumonitis

Place of death Barry (County) Hastings (Township or village or city) Veteran? No (Yes or No) Sex M Age 96

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

County Eaton State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Wren Funeral Home, Inc. (Funeral director or person acting as such) Address 1401 North Broadway

to dispose of body of said deceased. Hastings, MI 49058

Signature Klaus C. Wren Date May 30 2001

(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 5/30/01 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mi. Signature John Latham (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 F lot 44

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B-26 8/98 Authority: Act 368 of 1978 and Act 299 of 1980