

BURIAL-TRANSIT PERMIT No. _____
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Division for Vital Records

Full name of deceased Frances H. Eaton Date of death Aug 31 202
Cause of death Natural
Place of death Turnersville, New Jersey Veteran? No Sex F Age 78
(County) (Township or Village or city) (Yes or No)
Method of disposal Burial of Ashes Woodlawn at Vermontville
(Whether burial, cremation, storage, etc.) (Cemetery or crematory)
County Eaton State MI
APPROVED FOR CREMATION
Signature of Medical Examiner _____ Date _____ 20 _____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to _____
Rosell CFSP, R. Raymond Address Charlotte MI 48813
(Funeral director or person acting as such)
to dispose of body of said deceased.
Signature _____ Date 9/4/02 20 _____
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Burial of Ashes on Sep 7 20 2 in Woodlawn at Vermontville
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place _____ Signature John P. [Signature]
(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)
C. Prays | lot 26 plot A

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION