F-65

BURIAL–TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Division for Vital Records

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased **Robert L. Weeks** Date of death **Oct. 4** 20**03**

Cause of death **Ischemic Heart Dy.**

Place of death **Barry** (County) **Carlton Township** (Township or village or city) Veteran? **No** (Yes or No) Sex **M** Age **92**

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 _____ 20___

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** (Funeral director or person acting as such) Address **1401 North Broadway**
Hastings, MI 49058

to dispose of body of said deceased.

Signature Clarence C. Wren (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date **October 7** 20**03**

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Oct 7 2003 in Woodlawn (Cemetery or crematory)

Place Vermontville, Mi Signature John Rathburn (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)

DCH-0490A (6/99) Authority: Act 368 of 1978 and Act 299 of 1980

plat F lot 65