I-18.5

BURIAL–TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Division for Vital Records

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Michael Wesley Baxter Date of death Nov. 29 2004

Cause of death Natural

Place of death Eaton (County) Vermontville (Township or village or city) Veteran? Yes (Yes or No) Sex Male Age 45

Method of disposal Burial of Cremated Remains (Whether burial, cremation, storage, etc.) Woodlawn Cemetery (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 Pray Funeral Home (Funeral director or person acting as such) Address 401 W. Semianry St Charlotte, MI 48813

to dispose of body of said deceased

Signature [signature] (Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date Dec 6 2004

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Cremated/buried (State whether cremated, buried, stored, etc.) on Dec 6 2004 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mi Signature John Calhoun (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 I lot 18

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