G-46

BURIAL–TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Division for Vital Records

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Carolyn Alice Priddy Date of death Sept. 11, 20 04

Cause of death C V A

Place of death Eaton (County) Benton Twp. (Township or village or city) Veteran? No (Yes or No) Sex F Age 94

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

County Eaton State Mich.

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 Burkhead-Green Funeral Home (Funeral director or person acting as such) Address Charlotte, MI 48813-1498

to dispose of body of said deceased.

Signature Charles F Green (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date Sept. 13, 20 04

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Sept 15 20 04 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)

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

Plat B lot 46