G-44

BURIAL–TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Mary O. Paine — Date of death Mar.21 20 04

Place of death Calhoun (County) Battle Creek (Township or village or city) — Sex F — Date of birth May 30 1919

Cause of death _____

Method of disposal Burial (Whether burial, cremation, storage, etc) Woodlawn Cemetery (Cemetery or crematory) — Veteran? No (Yes or No)

County _____ 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 Girrbach Funeral Home (Funeral director or person acting as such) Address Hastings, Michigan

to dispose of body of said deceased.

Signature Kay L. Girrbach (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date March 24 20 04

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on March 24 20 04 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mi. Signature John Gethburn (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 D lot 44

DCH-0490A (5/02) Authority: Act 368 of 1978 and Act 299 of 1980