

6-14

BURIAL -TRANSIT PERMIT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

No. _____

Full name of deceased Lawrence A. Frith Date of death Aug 5 2004

Place of death Eaton Vermontville Sex M Date of birth 01/24/1920
(County) (Township or village or city)

Cause of death Metastatic Prostate Cancer

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

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 J. Ernest Pray Address 401 W. Seminary Street Charlotte
(Funeral director or person acting as such)

to dispose of body of said deceased

Signature Ernest Pray Date Aug 9 2004
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on *ba-0-8/9/04 2004 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vermontville, MI Signature John R. Rathen
(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) Blat & Lot 14

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION