D-2

BURIAL – TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Mary Swift Date of death Apr 1 2005

Place of death Eaton (County) Charlotte (Township or village or city) Sex F Date of birth _____

Cause of death Acute myclogenous leukemia

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

APPROVED FOR CREMATION

County Eaton State MI

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

to dispose of body of said deceased.

Signature Ernest Pray Date April 5 2005

(Check one: ☐ Registrar, ☐ Funeral Director, ☑ Mortuary Science Licensee)

CEMETERY OR CREMETORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ (State whether cremated, buried, stored, etc.) on *ba 0 20____ in _____ (Cemetery or cremetory)

Place _____ Signature _____ (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 (5/02) Authority: Act 368 of 1978 and Act 299 of 1980