D-44

BURIAL–TRANSIT PERMIT No._____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Carolyn Rose Fickes Date of death Apr27 2005

Place of death Barry (County) Hastings (Township or village or city) Sex F Date of birth 10/28/1932

Cause of death CVA

Method of disposal Cremation (Whether burial, cremation, storage, etc.) (Cemetery of cremetory) Veteran? No (Yes or No)

APPROVED FOR CREMATION County _____ State _____

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 R. Raymond Rossell (Funeral director or person acting as such) Address 401 W. Seminary Street Charlotte to dispose of body of said deceased.

Signature R. Raymond Rossell (Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date 4/30/05 20____

CEMETERY OR CREMETORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Cremated ashes buried (State whether cremated, buried, stored, etc.) on May 3 2005 in Woodlawn twp Cemetery (Cemetery or cremetory)

Place Vermontville, Mi. Signature John Rathbun (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) lot 44 plot D.

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