

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL-TRANSIT PERMIT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

No. _____

Full name of deceased Bryce Lee MacDonald Date of death Dec 4 2005

Place of death Ingham Sex M Date of birth 07/27/1935
(County) (Township or village or city)

Cause of death Acute Respiratory Failure

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 _____ Date Dec. 10 2005
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on *ba 0 2005 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Scott & Frances MacDonald Lot _____ Signature John S. Saltsburg
(Section of 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 62 plat 4

STORED - 12/16/05
DCH-0490A (5/02) Authority: Act 368 of 1978 and Act 299 of 1980