

BURIAL-TRANSIT PERMIT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

No. _____

Full name of deceased Martha Ann Walker Date of death Apr 28 2005

Place of death Ingham Sex F Date of birth 06/12/1911
(County) (Township or village or city)

Cause of death _____

Method of disposal Burial Woodlawn Cemetery Veteran? No
(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 R. Raymond Rossell Address 401 W. Seminary Street Charlotte
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature _____ Date 4/29/05 20____
(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on May 2 20 05 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vernonville, MI Signature John Gathburn
(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

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION