B-29

BURIAL–TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Maxine Alice McClelland Date of death June 13 20 06

Place of death Barry (County) Hastings (Township or village or city) Sex Female Date of birth Nov. 25 1922

Cause of death C. O. P. D.

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

County Eaton State Michigan

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 Wren Funeral Home (Funeral director or person acting as such) Address 1401 North Broadway Hastings, MI 49058

to dispose of body of said deceased.

Signature David C. Wren Date June 16 20 06

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc) on June 16 20 06 in Woodlawn Cemetery (Cemetery or crematory)

Place Delton, Mi Signature John Gilbert (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

Plat B lot 29