THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

B-54

BURIAL–TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Full name of deceased ALBERTA MAE ROCKAFELLAR Date of death AUG. 30, 2007

Place of death EATON (County) CARMEL TWP (Township or village or city) Sex FEMALE Date of birth NOV. 6, 1916

Cause of death ASHD

Method of disposal BURIAL (Whether burial, cremation, storage, etc) WOODLAWN CEMETERY (Cemetery or crematory) Veteran? NO (Yes or No)

County EATON State MICH.

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 BURKHEAD-GREEN FUNERAL HOME (Funeral director or person acting as such) Address CHARLOTTE, MI 48813-1498 to dispose of body of said deceased.

Signature Charles F Green Date SEPT. 3, 2007

(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 Sept 4 2007 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, 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).*

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

plat B lot 54