THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

F-60

BURIAL-TRANSIT PERMIT

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

No. _____

Full name of deceased Arlene L. Polick Date of death March 14, 2007

Place of death Jackson (County) Leoni (Township or village or city) Sex F Date of birth May 5, 1917

Cause of death Cardio Respiratory Arrest

Method of disposal Burial - Woodlawn Cemetery (Whether burial, cremation, storage, etc.) (Cemetary or crematory) Veteran: ☐ YES ☒ 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 Estes-Leadley Co. (Funeral director or person acting as such) Address 325 W. Washtenaw, Lansing,MI 48933

to dispose of body of said deceased.

Signature _____ Date 5-5-07

(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 May 7 2007 in Woodlawn Cemetery (Cemetary or crematory)

Place Vermontville Mi. Signature John Lathbury (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 (04/05) Authority: Act 368 of 1978 and Act 299 of 1980 Plat F (OVER) lot 60