THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

D-8

BURIAL – TRANSIT PERMIT No. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Full name of deceased Bernice Louise Schwab Date of death Nov21 2008

Place of death Eaton (County) Dimondale (Township or village or city) Sex M Date of birth 03/14/1929

Cause of death Heart Failure

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

APPROVED FOR CREMATION

County Eaton State MI

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 (Funeral director or person acting as such) Address 401 W. Seminary Street Charlotte to dispose of body of said deceased.

Signature J. Ernest Pray (Check one: ☐ Registrar, ☐ Funeral Director, ☑ Mortuary Science Licensee) Date Nov. 26 20 08

CEMETERY OR CREMETORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated buried, stored, etc.) on Nov26 20 08 in Woodlawn Cemetery (Cemetery or cremetory)

Place Vermontville, Mi Signature John Rathburn (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 D. lot 5