K-16

BURIAL- TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Office of the State registrar and Center for Health Statistics

No. _____

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased **Harold E. Smith** Date of death **June 21, 2008**

Place of Death **Washtenew** (County) **Ann Arbor** (Township or village or city) Sex **M** Date of birth **October 21, 1960**

Cause of death **pending**

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

APPROVED FOR CREMATION County **Eaton** State **MI**

Signature of Medical Examiner _____ Date _____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to **Daniels Funeral Home** Address **9200 E M-79 Hwy Nashville, MI 49073**

to dispose of said body. (Funeral director or person acting as such)

Signature _____ Date _____

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUR SPACE BELOW

Body was **Burial** (State whether cremated, buried, stored, etc.) on **June 25, 2008** in **Woodlawn Cemetery** (Cemetery or crematory)

Place Vermontville, Mi. Signature John Gathercole (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