

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

K-15.5

BURIAL-TRANSIT PERMIT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

No. _____

Full name of deceased Wilbur Clair Marsh Date of death Ort. B. 2009

Place of death Eaton Vermontville Sex M Date of birth Aug. 16, 1919

Cause of death Multiple Myeloma

Method of disposal Cremation Oak Hill Crematory Veteran YES NO
(Whether final, immediate, storage, etc.) (Qualify or omitting)
County Calhoun State Mich.

APPROVED FOR CREMATION
Signature of Medical Examiner Michael J. Hoff Date Oct. 13, 2009

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given

to Barkhead-Green Funeral Home Address Charlotte, MI 48813-1498

to dispose of body of said deceased.

Signature Charles J. Green Date Oct. 12, 2009

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Duty was Performed on Oct 17, 2009 in Woodlawn Cemetery

Place Weston, Mich. Signature John C. Johnson

This permit must be endorsed by the sexton (or by the funeral director or Mortuary Science licensee where there is no sexton).

Spencer 5 lot 15 plot K