K-9

BURIAL – TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Rose Marie Thompson Date of death Feb19 2010

Place of death Calhoun (County) Battle Creek (Township or village or city) Sex F Date of birth 04/22/1936

Cause of death Natural

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 2-23-10 20 ____

CEMETERY OR CREMETORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Feb23 20 10 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