

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

A-15

Full name of deceased Mae B. Scaryell No. _____

Cause of death Myocardial Failure

Place of death Montcalm Greenville
(County) (Township or village or city)

Date of death February 4, 19 60 Race W Sex F Age 87

Method of disposal Burial Vermontville
(Whether burial, cremation, storage, etc.) (Cemetery or crematory)

County Eaton State Michigan

A certificate of death or stillbirth having been filed as required by the laws or regulations of this state, permission is hereby given to _____
to dispose of body of said deceased.

Signature Myrtle Wood Date February 6, 1960
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Feb. 6 19 60 in Greenwood Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Greenwood Cemetery Signature Edna Satterlee
(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) and returned within seven days to the registrar of the district in which the burial takes place.

(OVER)