

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased.....Irma Inwood.....No. 133

Carcinomatosis

Place of death.....Barry
(County)

Date of death October 4, 19 62 Race White Sex Female Age 81
(County) (Township or village or city)

Method of disposal.....Burial
(Whether burial, cremation, storage, etc.)
County.....Eaton.....Michigan
State.....

A certificate of death or stillbirth having been filed as required by the laws or regulations of this state, permission is hereby given to _____ Address _____ Hastings
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Donna J. Kinney Date Oct. 6, 1962
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERÝ OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on Dec 6 1968 in Northam Cem.
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Barnstable Mass. Signature [Signature]

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)

(Sexton or person in charge)