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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL — TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Hazel Lavina Rawson No. 105

Cause of death Carcinomatosis

Place of death Barry (County) Hastings (Township or village or city)

Date of death August 22 19 63 Race White Sex Female Age 48

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn (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 Walldorff Funeral Home (Funeral director or person acting as such) Address Hastings, Michigan

to dispose of body of said deceased.

Signature Donna I Kinney Date Aug 24 19 63

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Aug. 26 19 63 in Woodlawn (Cemetery or crematory)

Place Vermontville, Mich. Signature Lowell Hallwalls (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)