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BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Florice Virginia Wolever

No. _____

Cause of death Drowning

Place of death Newaygo (County)

Township of Wilcox

Date of death June 21

19 63

Race White

Sex Female

Age 51

Method of disposal Burial

Woodlawn

(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 Jack Crandell (Funeral director or person acting as such) to dispose of body of said deceased.

Address Fremont, Michigan

Signature Jack Crandell Date June 22 19 63
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on 6-24 19 63 in Woodlawn Cem.

(State whether cremated, buried, stored, etc.)

(Cemetery or crematory)

Place Vermonville Signature Wally Caldwell

(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)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION