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BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Elizabeth Viereck No. _____
Cause of death Pneumonitis
Place of death Eaton Charlotte
(County) (Township or village or city)
Date of death November 10 19 65 Race White Sex Female Age 84
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 Burkehead-Cheney Funeral Home Address Charlotte, Michigan
(Funeral director or person acting as such)
to dispose of body of said deceased
Signature Robert W. Lake Date 11-12-1965
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Interred on Nov 12 1965 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place Ann Arbor, Michigan Signature James H. Hallin
(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