C-2

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL — TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased St. Clare Parsons No.

Cause of death Myocardial infarct

Place of death De Kalb (County) Atlanta (Township or village or city)

Date of death May 1, 1966 19 Race Cauc. Sex Male Age 85

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn Cemetery (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 Hoffman Funeral Home (Funeral director or person acting as such) Address 420 W. Grove Greenville, Michigan to dispose of body of said deceased.

Signature Leo F. Marshall Date May 5, 1966 19

(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 May 5, 1966 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hallwell (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)