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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Anna H. Kuball No.

Cause of death Arteriosclerotic HD

Place of death Eaton (County) Charlotte (Townshp or village or city)

Date of death Feb. 17, 1966 19___. Race white Sex female Age 75

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 Pray & Co. Funeral Home (Funeral director or person acting as such) Address Charlotte Mich

to dispose of body of said deceased.

Signature Robert N Lake Date 2-18-1966

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

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Vault on Feb 19 19 66 in Woodlawn

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