D-14

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

# BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased LOUISE A. SMITH No.

Cause of death HEPATITIS

Place of death INGHAM (County) LANSING (Townshp or village or city)

Date of death May 17, 1967 19___. Race W Sex F Age 83

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 GORSLINE RUNCIMAN (Funeral director or person acting as such) Address LANSING, MICHIGAN

to dispose of body of said deceased.

Signature Joseph E. Gray Date May 18 19 67

(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 20 19 67 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Jarrell Hallinall (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)