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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased HAZEL L. SWIFT No.

Cause of death GENERALIZED CANCER

Place of death EATON (County) CHARLOTTE (Township or village or city)

Date of death JULY 22 1967. Race WHITE Sex FEMALE Age 75

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAWN CEMETERY (Cemetery or crematory)

County EATON State MICHIGAN

A certificate of death or fetal death having been filed as required by the laws or regulations of this state, permission is hereby given to BURKHEAD CHENEY FUNERAL HOME (Funeral director or person acting as such) Address CHARLOTTE, MICHIGAN to dispose of body of said deceased.

Signature M. Thomas Burkhead (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date JULY 24 1967

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on July 25 1967 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hilfinger (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)