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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL — TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Mable A. ~~Weeks~~ Wells No.

Cause of death Cerebral Vascular Thrombosis

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

Date of death December 6 1967 Race White Sex Female Age 82

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 George H. Vost (Funeral director or person acting as such) Address Nashville, Mich to dispose of body of said deceased.

Signature George H. Vost Date 12-8- 1967

(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 Dec 9 1967 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hallock (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)