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THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Casper H. Cross No.

Cause of death Arterio Sclerotic Heart Disease

Place of death Calhoun (County) Battle Creek, Mich. (Township or village or city)

Date of death December 3, 19 67. Race White Sex Male Age 84

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn Cemetery (Cemetery or crematory)

County 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 Hebble Funeral Service Inc (Funeral director or person acting as such) Address Battle Creek, Michigan to dispose of body of said deceased.

Signature L R Buchman Date Dec. 6, 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 Dec 6 19 67 in Woodlawn (Cemetery or crematory)

Place Vermontville Signature Lowell Hallenbeck (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)