

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH
Beatrice Elizabeth Gaut

143

Full name of deceased..... No.....

Cause of death..... Generalized Carcinomatosis

Place of death..... Ingham
(County) Lansing
(Township or village or city)

Date of death..... 2/3/67..... 19..... Race..... W Sex..... F Age..... 62

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

County..... State..... Vermontville, Michigan
(Cemetery or crematory)

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 Co. Address..... Lansing
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature..... Date..... 2/7/67..... 19.....
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was..... on..... 2-7-67..... 19..... in.....
(State whether cremated, buried, stored, etc.)

Place..... Signature.....
(Cemetery or crematory)

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)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION