

PL-12
Baby

No.

Cause of death:

Place of death
Eaton

August (County) 20

19 69

Race

White

Charlotte

hip or village or city)

Age.

Stillborn

Method of disposal.....

method of disposal..... (Whether burial, cremation, storage, etc.)

Eaton

State.

Michigan

Woodlawn Cemetery

(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

Burkhead Funeral Home **Charlotte, Michigan**

to _____ Address _____

(Funeral director or person acting as such)

to dispose of body of said deceased.

(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature.

(Check one: ☒ Registrar

☐ Funeral Director,

☒ Mortuary Science Licensee)

Date _____

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CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was

(State whether cremated, buried, stored, etc.)

May 2013

1969 in

(Cemete

(Cemetery or crematory)

Place.

inner tube

Signature _____

Small Small

(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)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION