

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased.....

Audra Faust

No.

Cause of death.....

Mesenteric thrombosis

Place of death.....

Easton (County) *Charlotte* (Township or village or city)

Date of death.....

Sept 16

19 *69*

Race *White*

Sex *Female*

Age *39*

Method of disposal.....

Burial

(Whether burial, cremation, storage, etc.)

County.....

Easton

State.....

(Cemetery or crematory)

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.....

Geo. H. Vest

Address.....

(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature.....

Geo. H. Vest

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

Date.....

9-18-

19 *69*

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was.....

Burial

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

on.....

Sept 20

19 *69*

in.....

Woodlawn

(Cemetery or crematory)

Place.....

Herrnville

Signature.....

Lowell Hallmark

(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