

F-17

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Benjamin A. Dove No. _____

Cause of death _____

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

Date of death February 22, 1974 . Race White Sex Male Age 67

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

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

Signature [Signature] Date February 26, 1974
(Check one: Registrar, Funeral Director, Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on Feb 26 1974 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Deerfield Signature [Signature]
(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