

BURIAL—TRANSIT PERMIT
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Bernice E. Rawson No. 798

Cause of death Mesenteric Thrombosis - Infarction

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

Date of death July 6 19 70 . Race W Sex F Age 63

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 Pray Funeral Home Address Charlotte, Mich.
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature Her Julian Date July 7 19 70
(Check one: Registrar, Funeral Director, Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on July 9 19 70 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodlawn Signature Carl Johnson
(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