

A-204

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Harriet L. Sprague No. _____

Cause of death Heart failure

Place of death Kalamazoo (County) Kalamazoo
(Township or village or city)

Date of death November 5 19 73 . Race white Sex female Age 90

Method of disposal Burial Vermontville
(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 Truesdale Funeral Homes Address 445 W. Michigan
(Funeral director or person acting as such) to dispose of body of said deceased.

Signature [Signature] Date NOV 8 1973 19____
(Check one: Registrar, Funeral Director, Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Nov 7 19 73 in Woodlawn
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vermontville 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