

*Temporary*  
*6-45*

**BURIAL—TRANSIT PERMIT**  
MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
Rodger L. Beals

Full name of deceased \_\_\_\_\_ No. \_\_\_\_\_

Cause of death Coronary Occlusion

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

Date of death Feb. 15, (County) 74 Race White Sex Male Age 19

Method of disposal Burial Woodlawn Cemetery (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 Burkhead Funeral Home Address Charlotte, Michigan

(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature [Signature] Date Feb. 18 19 74

(Check one:  Registrar,  Mortuary Science Licensee)

**CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW**

Body was Burned on Feb. 18 19 74 in Woodlawn (Cemetery or crematory)

Place Ann Arbor 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