

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRAVEL PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Mellie A. Hacks No. 933
Cause of death Carcinoma
Place of death Ingham Lansing
(County) (Township or village or city)
Date of death Nov 21 1944 Color W. Sex F Age 58
Method of disposal Removal Calistone
(Whether burial, cremation, storage, etc.) (Cemetery or crematory)
County Rosciombo State Warsaw, Indiana

A certificate of death having been filed as required by the laws of this state, permission is hereby given
to Estes-Tadley Co. 211 E. 1st Address Lansing
(Funeral director or person acting as such)
to dispose of body of said deceased.
Signature Heard B. Town Date November 24 1944
Check one: Registrar Sub-Registrar W.

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on _____ 19 _____ in _____
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)
Place _____ Signature _____
(Sexton or person in charge)

This permit must be endorsed by the sexton (or by the funeral director where there is no sexton) and returned within seven days to the registrar of the district in which the burial takes place.

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