

BURIAL—TRANSIT PERMIT  
MICHIGAN DEPARTMENT OF HEALTH

34

Full name of deceased Clara G. Haines No. \_\_\_\_\_  
Cause of death Cerebral apoplexy 1 hr.  
Place of death Ingham Lansing  
(County) (Township or village or city)  
Date of death Jan. 12, 1945 Color W. Sex Fem. Age 85  
Method of disposal Burial-Removal Palestine  
(Whether burial, cremation, storage, etc.) (Cemetery or crematory)  
Country XXXXX Indiana State \_\_\_\_\_

A certificate of death having been filed as required by the laws of this state, permission is hereby given  
to Estes-Leadley Co. Address Lansing  
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature \_\_\_\_\_ Date Jan. 13, 1945  
Check one:  Registrar  Sub-Registrar

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.

[OVER]

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION