

# BURIAL-TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased ELLA C. Merica No. \_\_\_\_\_  
 Cause of death Pulmonary Edema, Carcinoma of Stomach  
 Place of death OTTAWA Blendon  
(County) (Township or village or city)  
 Date of death Oct 20 1945 Color White Sex Female Age 76  
 Method of disposal Burial  
(Whether burial, cremation, storage, etc.) PALISTINE  
(Cemetery or crematory)  
 County KOSIUSCIO State IND

A certificate of death having been filed as required by the laws of this state, permission is hereby given to Arthur Wolbrink Address Hudsonville  
(Funeral director or person acting as such)  
 to dispose of body of said deceased.  
 Signature Arthur Wolbrink Date Oct 21, 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.

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