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G-56

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Sharon M. Hover Date of death April 19 19 89

Cause of death Adenocarcinoma - unknown primary

Place of death Kent (County) Gaines Township (Township or village or city) Race White Sex F Age 54

Method of disposal Burial (Whether burial, cremation, storage, etc.) Vermontville - Woodlawn Cemetery (Cemetery or crematory)

County Eaton State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to DeVries Funeral Chapel (Funeral director or person acting as such) Address 4646 Kalamazoo SE Kentwood, MI 49508 to dispose of body of said deceased.

Signature Robert L. Baron Date April 21 19 89

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED (State whether cremated, buried, stored, etc.) on 4-22 19 89 in Woodlawn Cemetery (Cemetery or crematory)

Place VERMONTVILLE, MI. Signature Robert L. Hallock (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).*

(OVER) Plat G #56

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