

J-3

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Russell J. Stokes Date of death 3-26- 1982

Cause of death Cardiac Arrest

Place of death Calvin Race W Sex M Age 47

Method of disposal Burial (County) Calvin (Township or village or city) Woodlawn

(Whether burial, cremation, storage, etc.) Calvin (Cemetery or crematory) State Mich

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 _____

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 Sec. D. V. V. Address Richard Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature Sec. D. V. V. Date 3-30- 1982
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on 3-30 1982 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vermontville, Mich. Signature Robert L. Halliwell
(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)

Plot J Lot #3

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION