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BURIAL—TRANSIT PERMIT

No. 19 Plat G

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased John Franklin Hokanson Date of death 8-3 19 83

Cause of death Diabetes Mellitus

Place of death Kent (County) Grand Rapids (Township or village or city) Race White Sex M Age 90

Method of disposal Burial (Whether burial, cremation, storage, etc.) 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 Pray Funeral Home, Inc. (Funeral director or person acting as such) Address 401 W. Seminary Charlotte, MI 48813 to dispose of body of said deceased.

Signature Joseph E. Pray (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date Aug 6 19 83

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED (State whether cremated, buried, stored, etc.) on 8-6 19 83 in Woodlawn cemetery (Cemetery or crematory)

Place Vermontville, Mich. Signature Robert L Hallwell (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)