B-43

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BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Mr. Leslie B. Near Date of death 9-21 1983

Cause of death Generalized Arteriosclerosis

Place of death Kent (County) Grand Rapids (Township or village or city) Race White Sex M Age 87

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

County Ingham 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 Hollebeek-Oele-Van Zee, Inc. (Funeral director or person acting as such) Address 851 Leonard NW, Grand Rapids, MI to dispose of body of said deceased.

Signature Maurice J. DeJonge Date Sept. 23 1983

(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 Sept 26 1983 in Woodlawn Cemetery (Cemetery or crematory)

Place Vermontville, Mi Signature John E. Pattberson (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 B lot 43