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TRANSIT COPY
(This copy must accompany body to final destination)

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES — VITAL RECORDS SECTION

BURIAL — TRANSIT PERMIT

REGISTRAR'S FILE NO. 1163

IDENTIFICATION OF DECEASED

NAME OF DECEASED 1. A. FIRST	B. MIDDLE	C. LAST	SEX 2.	AGE 3.	RACE OR COLOR 4.
DELLA		PARSONS	FEMALE	56	WHITE

DATE OF DEATH 5.	PLACE OF DEATH 6. A. TOWN OR CITY	B. COUNTY	C. STATE
JUNE 15, 1985	MESA	MARICOPA	ARIZONA

CAUSE OF DEATH 7. (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)

MANNER AND PLACE OF DISPOSITION

8. ☐ BURIAL ☒ OTHER (SPECIFY) INTERMENT OF CREMAINS
☐ CREMATION
☐ REMOVAL

FUNERAL HOME 9. A. NAME	B. ST. ADDRESS	C. CITY AND STATE
BUELER MORTUARY	14 W. HULET DR.	CHANDLER, ARIZONA

FUNERAL DIRECTOR'S SIGNATURE 10. Franklin S. Bueler — DATE SIGNED 11. 6-24-85

PLACE OF BURIAL OR OTHER DISPOSITION 12. A. NAME	B. STREET ADDRESS	C. CITY AND STATE
WOODMONT CEMETERY		VERMONTVILLE, MICHIGAN

REGISTRAR'S AUTHORIZATION FOR DISPOSITION

13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.

REGISTRAR'S SIGNATURE 14. Dean C. Jensen — REG. DISTRICT 15. 0701 — DATE SIGNED 16.

DISPOSITION OF BODY

BODY WAS: 17.
☐ BURIED
☒ CREMATED (SPECIFY)
☐ OTHER _____

CEMETERY OR CREMATORY 18. A. NAME	B. STREET ADDRESS	C. CITY AND STATE
Woodlawn		Vermontville, Mi.

DATE OF DISPOSITION 19. 6-29-85 — CEMETERY MANAGER'S SIGNATURE 20. Robert L. Hallwill

STATE REGISTRAR USE

DATE RCV'D. IN STATE OFFICE 21. — REGISTRAR'S SIGNATURE 22 A. — TITLE 22 B. W½ Lot 64 Plat G

VS-7 REV. 7-74

CEMETERY MGR.: MAIL TRANSIT COPY IN 10 DAYS TO VITAL RECORDS, P.O. BOX 3887
DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA 85030