J-19

2

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased HAROLD A. TEFFT Date of death 5-6- 19 88

Cause of death SMALL CELL CARCINOMA OF LUNG

Place of death CALHOUN (County) BATTLE CREEK (Township or village or city) Race WHITE Sex M Age 61

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAWN (Cemetery or crematory)

County EATON State MI

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 WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI to dispose of body of said deceased.

Signature David C. Wren Date MAY 10 19 88

(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 5-11- 19 88 in WOODLAWN CEMETERY (Cemetery or crematory)

Place VERMONTVILLE, MI. 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).*

(OVER)

PLAT J #19

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

B-26 5/84