

G-27

537

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Louis Stevens Date of death 10/30 19 75

Cause of death Cardiac Arrest

Place of death Washtenaw (County) Upsilanti (Township or village or city) Race White Sex M Age 70

Method of disposal Cremation (Whether burial, cremation, storage, etc.) Southern Michigan Crematory (Cemetery or crematory) State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner William C. Barry, M.D. Date 10/30 19 75

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 John W. Fontana (Funeral director or person acting as such) Address Ann Arbor, Michigan 48104 to dispose of body of said deceased.

Signature [Signature] (Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date October 30, 19 75

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Cremated on Oct. 30 1975 in Southern, Mich. Crematory 4455 Jackson Rd. Ann Arbor, Mich. (State whether cremated, buried, stored, etc.) (Cemetery or crematory) Place Ann Arbor, Mich. Signature [Signature] (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) Lowell Hallum

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION