F-22 [illegible]

LOCAL FILE NUMBER

Washington State Department of Health

BURIAL—TRANSIT PERMIT

146

#22

STATE FILE NUMBER

+96-97

FUNERAL

1. NAME	First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
	LORI	LYNN	ISAAC	Female	9-13-1997

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
40			2-25-1957	LANSING, MI	NO	King

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. ☐ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM./OUT PTN 4. ☐ HOSP. 5. ☐ NUR HOME 6. ☐ OTHER PLACE	13. SMOKING IN LAS 15 YEARS? (Yes /
Kirkland 98034	Evergreen Hospital (Kirkland)	YES

14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
			Elementary/Secondary (0-12)	College (1-4 or 5-
MARRIED	CLARK ISAAC	384-64-9980		41

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
CREMATION	9-19-1997	WASHELLI CREMATORY	SEATTLE, WA

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X [signature]	EVERGREEN-WASHELLI FUNERAL HOME	SEATTLE, WA

THIS BURIAL PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

8863

REGIS

A CERTIFICATE OF DEATH HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THE STATE OF WASHINGTON, PERMISSION IS HEREBY GIVEN TO DISPOSE OF THE BODY AS STATED ABOVE.

REGISTRAR ADDRESS

Vital Statistics Division
Seattle-King County
Department of Public Health
214 King Co. Admin. Bldg./500-4th Ave
Washington 98104