THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

I-12.5
SW 1/4

BURIAL–TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Division for Vital Records

Full name of deceased Robert Misener Date of death Dec 8 20 02

Cause of death NATURAL CAUSES

Place of death , Ocala, Fl Veteran? Yes Sex M Age 80
(County) (Township or village or city) (Yes or No)

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

County EATON State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 20

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given

to Rossell CFSP, R. Raymond Address 401 W. Seminary Charlotte MI 48813
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature R. Raymond Rossell Date 12/17/02 20
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on April 22 2003 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vermontville, Mi. Signature John Baldwin
(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)

DCH-0490A (6/99) Authority: Act 368 of 1978 and Act 299 of 1980

STORED 12/17/02

Plat I lot 12