

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

I-4.4 NE 14

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Office of the State Registrar and Center for Health Statistics

No. _____

Full name of deceased Lewis O Link Date of death Feb 4 20 03

Cause of death Atherosclerotic Cardiovascular Disease

Place of death Livingston Howell Veteran? No Sex M Age 69
(County) (Township or village or city) (Yes or No)

Method of disposal Burial Woodlawn Cemetery
(whether burial, cremation, storage, etc.) (Cemetery of 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, R. Raymond Address 401 W. Seminary Street
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature _____ Date FEB 8 2003
(check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on April 8 20 03 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vermontville, MI Signature John G. Gathman
(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)

STOR 219103
B-26 9/94 Authority: Act 368 of 1978 and Act 299 of 1980

lot 4 Plot I