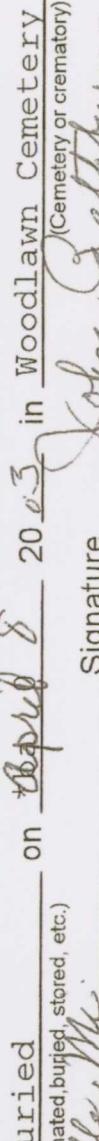


<b>T-44 NE</b> <b>BURIAL — TRANSIT PERMIT</b> <b>MICHIGAN DEPARTMENT OF PUBLIC HEALTH</b> <b>Office of the State Registrar and Center for Health Statistics</b>	
No. _____	
Full name of deceased	Lewis O Link
Cause of death	Atherosclerotic Cardiovascular Disease
Place of death	Livingston (County)
Method of disposal	Burial (whether burial, cremation, storage, etc.)
<b>APPROVED FOR CREMATION</b>	
Signature of Medical Examiner	
Date of death	Feb 4 2003
Place	Howell (Township or village or city)
Veteran?	No (Yes or No)
County	Woodlawn Cemetery (Cemetery or crematory)
State	MI (Sexton or person in charge)
Date	Feb 8 2003
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 <small>(Funeral director or person acting as such)</small> to dispose of body of said deceased. 	
Signature	Feb 8 2003
<small>(check one: <input type="checkbox"/> Registrar, <input checked="" type="checkbox"/> Funeral Director, <input type="checkbox"/> Mortuary Science Licensee)</small>	
<b>CEMETERY OR CREMATORIUM AUTHORITY SHALL FILL OUT SPACE BELOW</b>	
Body was	Buried on <u>Feb 8 2003</u> in <u>Woodlawn Cemetery</u> <small>(State whether cremated, buried, stored, etc.)</small>
Place	<u>Memorial Park</u> <small>(Sexton or person in charge)</small>
This permit must be endorsed by the sexton (or by the funeral director or Mortuary Science licensee where there is no sexton).  Lot 4 Blat I <u>STORY &amp; 2/9/03</u> (OVER)	

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION