

6-21

BURIAL-TRANSIT PERMIT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

No. _____

Full name of deceased Chris Jensen Date of death Mar 30 2004

Place of death Ingham Lansing Sex M Date of birth 11/09/1926
(County) (Township or village or city)

Cause of death Acute or Chronic Renal Failure

Method of disposal Burial Woodlawn Cemetery Veteran? Yes
(Whether burial, cremation, storage, etc.) (Cemetery of crematory) (Yes or No)

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 Charlotte
(Funeral director or person acting as such) to dispose of body of said deceased.

Signature R. Rossell Date 4/1/04 20
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on *ba April 7 2004 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery of crematory)

Place Vermontville, Mich. Signature John P. Rathbun
(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) Plot H. lot 21

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION