

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

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

No. _____

Full name of deceased Bo Allen Stafford Date of death September 17, 2008

Place of Death Ingham Lansing Sex M Date of birth September 15, 2008
(County) (Township or village or city)

Cause of death pending

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

Eaton MI
County State

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____

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

to Daniels Funeral Home Address 9200 E M-79 Hwy

to dispose of said body: (Funeral director or person acting as such) Nashville, MI 49073

Signature [Signature] Date _____
(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUR SPACE BELOW

Body was Burial on September 24, 2008 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vermontville, MI Signature [Signature]
(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 J lot 65