

K-10.1

BURIAL—TRANSIT PERMIT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

No. _____

Full name of deceased Joanne M. Lovell Date of death November 22, 2009

Place of death Ionia Portland Sex F Date of birth September 28, 1941
(County) (Township or village or city)

Cause of death _____

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

APPROVED FOR CREMATION

Signature of Medical Examiner _____ County _____ State _____ Date _____

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

to Schrauben-Lehman Funeral Home Address 210 E. Bridge Street, Portland, MI 48875,
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature _____ Date November 24, 2009
(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Nov 28 20 09 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Vermontville, Mi. Signature John Bathum
(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.

plat K lot 10 space 1