

I-1

BURIAL-TRANSIT PERMIT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Full name of deceased Raymond J. Bond No. _____ Date of death December 22, 2010

Place of death Barry Carlton Township Sex Male Date of birth July 18, 1928
(County) (Township or village or city)

Cause of death Acute Myocardial Infarction

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

APPROVED FOR CREMATION County Eaton State MI

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 Koops Funeral Chapel, Inc. Address 935 Fourth Ave., Lake Odessa, MI 48849

to dispose of body of said deceased.

Signature [Signature] Date December 26 20 10
(Check One) ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on _____ 20 _____ in Woodlawn Cemetery
(State whether cremated, buried, stored) (Cemetery or Crematory)

Place Leamanville, MI Signature John Selthorn
(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).

DCH-0490A (5/02) Authority: Act 368 of 1978 and Act 299 of 1980 Stated 12/27/10

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION