R-309.		No/	
BURIAL (0	R REMOVAL)	PERMIT	
Stub to be r	etained by officer issuit	ng permit	
Issued to Leo,	te leook		
Name of deceased	Michial a	ho	
Age 33 year			day
			uay
Place of death M	roldlefield		
Date of death	ug 29/92	<u> </u>	
Cause of death 12	illed on A!	9, truch	
Liver at P	ne Frere Ce	m. Il sola	14
Date permit issued	Gong Sep.	1/2/2 1	
Certified by Let	ron H Mac	U	M.I

See \$ 45



SECRETARY OF THE COMMONWEALTH

No.

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., Vital Statistics as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in dayable black ink.]

			,
A satisfactory certificate of death	having been filed,	permission is here	by given to
Healy -	eese	B.N.	
(Name)	Myntery	Addre (Addre	88)
for the removal from	ACA a	A COMA ar	d the interment
To be	filled out in case of re	emoval)	2001
at July July	Cemetery	in // 10000	Stilled, of the
body of Brender J.	Barry	who died	29 181
19 (Give full name of	deceased)	(Month)	(Day) (Year)
ageyears,	months,	days.	
Cause of death Asply 14	ation by	Strong	ulation
	1		•

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death

(Signature of Agent of Board of Health, or, in towns where there is no
Board of Health, of Town Clerk)



DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS

No	No	
----	----	--

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns

where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable plack ink.]

Board of Health, of Town Clerk)

(City or town) (Date)
A satisfactory certificate of death having been filed, permission is hereby given to
Tenner / lace west feld, your
(Name) (Address)
for the removal from
at five there. Cemetery in Wildle field, of the
body of Liver d Toseph, BATORSKI who died 19 19 5/ (Give full name of deceased) (Month) (Day) (Year)
age
Cause of death pohable Acure myo and 12/ chara
If a U. S. War Veteran, specify what war, organization, etc
Residence at time of death Styline Trail, Middle Held, Mark.
Christ Stanly Starkenday (CS)
(Signature of Agent of Board of Health, or, in towns where there is no

R-309

The Commonwealth of Massachusetts EDWARD J. CRONIN



Division of Vital statistics SECRETARY OF THE COMMONWEALTH

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the right occurred AFTER the FILING and acceptance of a satisfactory certificate of tibeth, legitly is nighted black ink.

Board of Health, of Town Clerk)

FC Haley Chester	mass.
(Name)	(Address)
for the removal from	, and the interment
at The Cemetery	ileful of the
body of Give full name of deceased) (Give full name of deceased) years, 3 months, days.	Mar. // 19 (Year)
Cause of death Sangular - arteria	l'acclusion
If a U.S. War Veteran, specify what war, organization, etc	
Residence at time of death Main St. Cheste	w dries
Stugo Y. Car	erallo ms.
(Signature of Agent of Board of Health, or,	***************************************

A satisfactory certificate of death having been filed, permission is hereby given to

Always write with black ink.

Form V. S. 9 (11-51) 25M

CONNECTICUT STATE DEPARTMENT OF HEALTH

Hartford, Connecticut, U. S. A.

REMOVAL, TRANSIT AND BURIAL PERMIT

(This permit is sufficient for removal of a	body to any town and also for interment) No. of permit
	Date September 12, 1952
The certificates required by the state statutes have been received and recorded, that granted to remove the body of	the body has been prepared in accordance with the Sanitary Code. Permission is
Patricia Phullis Bingl	Ley name war
who died at St. Francis Hospital Date of Birth Age (in years last birthday) Age (in years last birthday) Months Days Hours Mins.	Sex_Femal@ace or Color_ White
Cause of death Encephalitis(Virus)	
for Burial in Middlefield Cemetery in (Name of Cemetery)	Middlefield, Massachusetts (Town) (State)
Issued to Ahern Funeral Home Fun. Dir. or Embalmer	Address Hartford, Connecticut
Embalmer's License No. 1158	anne h. Stack
THIS IS NOT A CREMATION PERMIT	Ass to Registrar of Vital Statistics Town of Hartford

The Commonwealth of Massachusetts A - 22 JOHN F. X. DAVOREN





SECRETARY OF THE COMMONWEALTH

No.

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns

where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate

City or town) (Date) A satisfactory certificate of death having been filed, permission is hereby given to (Address) for the removal from, and the interment (To be fixed out in case of removal) Cemetery in who died (Give full name of deceased) (Year) (Month) (Day) If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death . DOUCU (Signature of Agent of Board of Health, or, in towns where there Board of Health, of Town Clerk)

of death, printed or typed in durable black ink.] N

CA-17 V

(Date)

The Commonwealth of Massachusetts EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH



OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of gestisfactory certificate of death, legibly written by durable black ink.

A satisfactory certificate of death having been filed, permission is hereby given to (Name) (Address) for the removal from and the interment (To be filled out in case of removal Cemetery of deceased) (Month) (Day) months. If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death Ah, or, in towns where there is no Board of Health, of Town Clerk)

City or town)



OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of chapter 114, General Laws.)

[This permit can be signed only by the agent of the board of health (or in towns where there is no board of health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

7	Hidd et	ild (Jan 4 (Date)	19.33
All the preliminary requir	ements of law hav	ring been complied	d with, including	g the filing
of a satisfactory certificate of			k ink, permission	n is hereby
given to Frau	& Hay	Clusto	ν	
	(Name)		(Address)	
for the removal from	(To be filled out in	case of removal)	and the	intermen
	Cem		aujuu	, of the
body of May	Carland e of deceased)	who died	au /	1932
	hs,days.	CMC	onth) (Day)	(Year)
al Chri	we new	ocarctiti	7,	
D : 1	Thicken The	in Calla	Hopita	
Residence at time of death,	à 71.4-	Gear	. 0 7/1/	111
	(Signature of Agent	of Board of Health Board of Health, of T	or, in towns wher	e there is no

No.2

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Elwan & Foling
Name of deceased / fix colof S. Come
Age 75 years 8 months V days
Place of death Melelifal
Date of death august 5, 1959
Cause of death Caucer of Signoid Clon
Interment at Pein Second Country
Date permit issued accepted 8.1:18
Certified by Millon & Low M. D.

	2.
No.	

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Edward J. Jolay
Name of deceased Kathleen (Slaim) Com
Age 72 years months day
Place of death Mudellafiel
Date of death Sapt. 17. 1956
Cause of death Carinoma of Brent with. Metarle, Spot affirm a Interment at Prin Grown Canty Militaries
Interment at Prin Evous County Milacofies
Date permit issued Sept 19.19.1556
Certified by SNOES M. D.



State of Florida, Department of Health, Vital Statistics APPLICATION FOR BURIAL — TRANSIT PERMIT

	Pin y	ume	
	Lot 18	Sic. B.	-
all		Jawral	

- 6	1.300.0	or Print)				5	ulle	el Do	ow.	al
1	. Name of Deceased	First		Middle	Last			-		
92		DOROTHY		MARIE	COOK		DATE OF DEATH	Month 02	Day 06	Year 98
2	Place of Death		City, Town or Lo	ocation	Name of	/If neither sin			***	20
-	County		BRADENTON		Hosp, or	(If neither, give MANATEE				
3.	Name of Medical			Medical Examiner	1.5070		MEMORI	AL		
	DAVID KRULI	M.D				Address TH. AVE.	w.		Phone I	Number
4.	Name of Funeral Hi			X Physician	PALM	ETTO, FL 3	4221	(941)	722-	-7785
	Direct Disposer			Address 204 7TH. ST.V	J.	Fla. Lic. No./F	Reg. No. I			
-	PALMETTO FI	NERAL HO	4.50%	PALMETTO, FL	34221	#2232		(0/1) 7	10 770	
5.	Check Appro- priate	a 🗆	The medical or this application	ertification has been co	ompleted and sign	ed. A complete	ed certific	(941) 72 cate of dea	ath acco	mpanie
	Box	b KI	DD TEN							
		0 1	hours after des	ILL's office		was con	tacted or	2/9/98		vithin 7:
			nor other extern	ath. He/she verified th hal cause of death, and	at this death was	from natural of	causes, t	hat there y	was no	acciden
			and sign the me	idical certification of ca	use of death.				will c	complete
		с Ц			v	as contacted o	on	He/	she veri	tied tha
			medical certifica	ation		, Medical i	Examiner	, will compl	ete and	sign the
	Place of			ate cemetery/						9.02577773
_	Final Disposition:	- 1	cren	natory - name/county:			Rem x from	oval state		
1.	Funeral Director/ Direct Disposer	111,	Man Sign	ature	F.E.	No./Reg. No.	X non	-	té Signe	onation
	Direct Disposer	MY 11	More			1768		2/8		· C
В,				BURIAL - TRANS	SIT PERMIT					
-	Permission is heret	by granted to	dispose of this	backy			Permi	t No. 2232	2-033	
	would result from fi Disposer Report" v No extension of tim Registrar or Subregistrar Signat	vill be filed w	ith the Local Re	th certificate (exclusive nit. If the certificate can gistrar of the County in the requested.	which death occu	2 /8 / 9 9	Dat	ranted as a "Funeral e Certificat	Director	ardship /Direct
G.		AUTI	ORIZATION f	or CREMATION, DIS	SECTION or BU	IRIAI -AT-S	ΕΛ			=
9	Signature									
				, Medical						
ħ	Medical Examiner,			Funeral Director (Director)	thorization by telec	hone to				
1	he Medical Examine	er's approva	must be obtain	Funeral Director/Director before disposal by	t Disposer. Da	ite				
d	eath is required for a	III cremations		ied before disposal by	any of the abov	e methods. A	waiting	period of	8 hours	s after
):				CEMETERY OR CE	REMATORY					
N	ethods of Disposition	n:								
	BURIAL	□ stor	RAGE		Place of Disposi	tion				
	CREMATION	Lames To	ER (Specify)		Date of Disposit	on				
	gnature of Sexton)									

This permit must be endorsed by the Secton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the County where disposition occurred.

Pure Shore A Seo. #)

The Commonwealth of Massachusetts



DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No /	No.	16
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(Address)

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

HIDSdale LOV 25 1991

A satisfactory certificate of death having been filed, permission is hereby given to knn O'BRIEN HUNDNOON MA

for the removal from, and the interment

body of Charles Eduard Cock who died Nov 24 1991

age wears, months, days.

(Give full name of deceased)

(Name)

Cause of death andiarespiratory arrest

Residence at time of death Styline TRAIL Middle field, Man

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk) R-309

		11	•							
No.	.1.	6								

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to	10WR	Office issuing perm	K	-
a. =	· Hi	06 da la	o ,	
City or Tow	not Cho	elos F	e duard (Mass.
Name of de	ceased	n/e.z	MUCHALIA.	- DO!
			t war, organiz	
		4		

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby	certify	that the	body	accompanying	this	permit	was
disposed of	in acc	cordance	with it	s terms			

at		(Name of cemetery or crematory)	(City or town)
o n			
C	ertified by	(Signature of Superintendent, cem	etery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



Division of Vital Statistics

SECRETARY OF THE COMMONWEALTH

OFFICIAL BURIAL (OR REMOVAL)

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in Aurable black ink.]

A satisfactory certificate of death having been filed, permission is hereby given to Saud a Stadland St. Milled (Address)
for the removal from Plus and the interment
at Pine Though Cemetery in Middleheld Ma , of the
body of Celucard Load who died 4 // 1997. (Give full name of deceased) (Month) (Day) (Year)
age 44 years, months, days.
Cause of death Jumatic Chist Lymn
V
If a U. S. War Veteran, specify what war, organization, etc.
Residence at time of death 87 Highland Que Russell Ma 01071
mary m wheelor
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

SECTION B,	Plot # 18	L	
R-309		16	

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk	
(Office issuing permit)	
City or Town of	Mass.
Name of deceased Column II. Coak	

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby	certify	that	the	body	accompanying	this	permit	was
disposed of	in accor	rdanc	e wi	th its	terms			

	PINE GROVE CEMETERY	
at	(Name of cemetery or crematory)	(City or town)
on	APRIL 18 1997	
	P D 24-1	
Cer	tified by Larry Pease - Cen	Corum.

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

Ž	
MARGIN RESERVED FOR BINDING—WRITE PLAINLY WITH UNFADING INF	
I	
Ξ	
₹	ó
E PLAINLY	THIS IS A PERMANENT RECORD
	Z
K	2
۶	8
g	E
Z	
Ξ	10
Z	12
m	IIS
FOR	TH
VED	
RESER	
MARGIN	

Permit for Burial, Entombment or Removal.
Issued to Mr. Y Jaley No
County of Windham STATE OF VERMONT.
Town or City of Brattleboro
Town or City of Brattleboro Date of Death aug 3 19239 Full Name & tta Lucretia Cook Age 78 10 29 YEARS MONTHS DAYS
Full Name Etta Lucretia Cook Age 78 10 29
Place of Death Oracleson
Disease causing death Chronic Myocarditis
Medical attendant Horace y. Rypley
Proposed date of burial, entombment or removal aug 5 19239
Proposed place of burial, entombment or removal Middlefield, Mass
What cemetery or tomb
Manner of burial, entombment or removal Servoval Aburial
Undertaker Mr. 7 - alex
Address Middlefield, Mass.
A Certificate of death (or removal or transit permit) having been filed in my office in accordance with
law, I hereby authorize the removal burnethe body of said deceased person as stated above. (BURIAL, ENTOMBMENT OR REMOVALY) (BURIAL, ENTOMBMENT OR REMOVALY)
acatown or City Clerk.
Date aug. 4 19/2 39
This Permit, if properly made and signed, is authority for the burial or entombment in any cemetery or tomb in this State.

-

.

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BURIAL PERMIT

FOR fucketia Coff

Filed Mug. 8 193?

INSTRUCTIONS.—This permit must be delivered to the Clerk of the town or city in which the burial or entombment is made during the first week of the month following such burial or entombment.

4 - 10%

NO. 61, ACTS OF 1923

AN ACT RELATING TO THE ISSUANCE OF BURIAL PERMITS.

It is hereby enacted by the General Assembly of the State of Vermont:

Section 1. The town clerk of each town shall receive all certificates of deaths occuring within his own town, and shall issue burial permits and receive fees therefor as provided by sections 3801, 3808, 3811, 3812, 3813, 3814, 3818, 8819 and 3820 of the General Laws; provided that burial permits in cases of deaths from communicable diseases shall not be issued by a town clerk except in accordance with instructions to be issued by the local health officer or the State board of health and to be kept on file by the town clerk.

micros 7	of man. aug. 5. 1909
I Hereby Certify, Th	at I did, on the day of lugust 19 37
deliver the body described	in this permit to Clay V. Dyer
Sexton or Keeper of Au	esterish b. Hala, Juneral klus (State title here.)
middlefild	Mores Ht., any 7 1939
I Hereby Certify, Th	at I did, on theday of
august 1939	Burial
(State w	that disposition was made of the body.)
the body described in this	permit.

(Sexton, or Keeper.)

No		

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.) [This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city Division of Vital Statistics or town in which the death occurred AFTER the FILING and acceptance of

a satisfactory certificate of death, legibly written in durable black ink.]

	(City or town)		(Date)	
A satisfactory certificate	of death having bee	en filed, permissi	on is hereb	y given to
Q.a.Bu	you		Hotel .	Links
(Name)	CARDOO THE	017 (A	ddress)	
for the removal from	(To be filled out in	case of removal)	, and th	e interment
at Theo	Ce	metery in Will	argrei	E, of the
body of Sign ful	P. Cooper	who died	and 3	1,1938
age of years, 4	months days		Company (Day	r (rear)
Cause of death TMG	Eloquice	TEUREN	aa 1	406
If a U. S. War Veteran, s	61	anization, etc.		
Residence at time of death	Modellage	eld now	El.	
	Jacob R. S	chett Agent	Health D	epartment
	(Signature of Agant o	f Board of Health, or ard of Health, of To		re there is no





JOSEPH D. WARD SECRETARY OF THE COMMONWEALTH

No. 317

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns

where there is no Board of Health by the town clerk) of the city or town in which is the death occurred AFTER the FILING and acceptance of a satisfactory certificate

A satisfactory certificate of death having been filed, permission is hereby given to (Address) for the removal from, and the interment (To be filled out in case of removal) Cemetery in Muddle who died ... Give full name of deceased) (Year) If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

of death, legibly written in durable black ink.]

(City or town)

R-309

The Commonwealth of Massachusetts Enter

	.3	
No.		9

140
OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)
This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.
City or Town LIDS dale Date Feb 15 1996
A satisfactory death certificate having, been filed for HELEN FRENTICE COOK.
born on September 18, 1907, who died of
17-Payl Maka Man Congression on Tab 14 17 8 6 , give in mediate cause day of death
Permission is hereby given to D'BRIED HILL TOWN FUNERAL HAME
or (check all appropriate boxes): name of facility Juntary Hon Ma 0/050 address
Removal from:
name and address of original disposition The Grave Cemetery Middle field Ma name and address of cemetery or crematory
☐ Transportation to:
If a U.S. War Veteran, specify what war, organization, etc.
Residence at time of death Skyline TRail Middle field, Ma.
(* &0

KEVIN H. WHITE



SECRETARY OF THE COMMONWEALTH

10. 6.5

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which

the death occurred AFTER the FILING and acceptance of a satisfactory certificate

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

AUTHERN - Wass. (City or town) (Date) A satisfactory certificate of death having been filed, permission is hereby given to (Name) (Address) for the removal from, and the interment (To be filled out in case of removal) Acre- Cemetery in hidd who died (Give full hame of deceased) (Month) (Day) (Year) If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death . J. J. J.

of death, legibly written in durable black ink.]

R-309 B-30

The Commonwealth of Massachusetts



DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 266

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance, of a satisfactory certificate of death, printed or typed in durable black ink.)

City or town Opril 20 19.9.0.

A satisfactory certificate	of death having been filed, per	mission is hereby given t	on in
Parid a	Dery 54Br	adford St.	allefache
	(Name)	(Address)	10120
for the removal from		ek, and	d the interment
at Cine Stro.	(To be filled but in case of r	ry in Middle	eld, of the
body of Jolin Col	(Name) (Name) (To be filled but in case of residue of the filled but in case of the filled but in case of residue of the filled but in case of residue of the filled but in case of the filled but in case of residue of the filled but in case of the filled but in cas	who died april	.19, 1992
2/ years	ive full name of deceased	(Month) (I	Day) (Year)
age years	months,	days.	

If a U. S. War Veteran, specify what war, organization, etc.....

Residence at time of death athur bease Rd., Middle freld

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk R-309

266

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to	1 dec	elle.	Dept	
City or Towr	of Q	ittefie	la	Mass.
Name of dec	eased Sala	n. Elw.	ord le	moon.
If a U. S.	War Veteran,	specify what	war, organizatio	on, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

y that the body accompanying accordance with its terms	g this permit was
me of cemetery or crematory)	(City or town)

If there is no officer in charge, undertaker should sign and return this stub.





Division of Vital Statistics

SECRETARY OF THE COMMONWEALTH

No.	***************************************

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in town where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificat of death, printed or typed in durable black ink.]
SPRINGFIELD (Qy 2 1978)
A satisfactory certificate of death having been filed, permission is hereby given to
A satisfactory certificate of death having been filed, permission is hereby given to Le rue at A Byon Ja (Address) (Address) (Address)
for the removal from the cress tack the Vanet and the interment
at five Drove (To be filled out in case of removal) Cemetery in Middlifield Mass, of the
body of LizziE DillER who died February 16, 1978
(Give full name of deceased) (Month) (Day) (Year) age years, months, days.
Cause of death Congestive heart failure
oads of death
If a U. S. War Veteran, specify what war, organization, etc9
Residence at time of death
John L. Ayres, U.D. Commissioner of Public Health
(Signature of Agent of Roard of Health or in towns where there is no

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

The Commonwealth of Massachusetts JOHN F. X. DAVOREN





No.



Residence at time of death

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate

A satisfactory certificate of death having been filed, permission is hereby given to

Bruce H. Gruno D. Ton

(Address)

for the removal from Manage of removal

at Market Cemetery in Market Conference

(Give full name of deceased) who died Market Conference

(Give full name of deceased) days.

Cause of death Comp. Fractures of Shullwith Grant.

If a U. S. War Veteran, specify what war, organization, etc.

of death, printed or typed in durable black ink.]

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

Pine Brone . 8C

entered g

DEPARTMENT OF HEALTH

BUREAU OF VITAL RECORDS

56-90-015388

	Man 12 11	OF H	UMAN H	EMAINS		000	0 01	000	0	
APPLICA	TION MAR 13 11 37	AM '9U					DEATH CER	TIFICATE N	O. (If Ass	igned)
NAME OF	FIRST	MIDDLE		LAST	AGE	SEX	DATE	MONTH	DAY	YEAR
DECEASED	AVIS			DOWSEY	88	M	OF DEATH	03	10	90
PLACE OF	NEW YORK CITY	BOROUGH	NAME OF H	OSPITAL OR INSTITUTION	OR STREET	ADDRES	S			
DEATH	NEW TOTAL CITY	Manhattan	Leno	x Hill Hosp	pital					
	NAME OF PHYSICIAN OR ME	DICAL EXAMINER'S NUMBER	METHOD	O OTHER			CREMATION			
CERTIFIER	Stephen M	. Block	DISPOSAL	2 BURIAL	CREMAT	ION	DR M.E. #			
PLACE OF	NAME OF CEMETERY OR CE	EMATORY (OR DESTINATION)	CITY OR CO	UNTY AND STATE		T	DATE OF	MONTH	DAY	YEAR
DISPOSITION	Pine Grove	Cemetery	Midd	lefield, Ma	ass.	DI	SPOSITION	3	16	90
	REGULATIONS GOV	OF DEATH HAVING BEEN I ERNING THE PREPARATION S HEREBY REQUESTED TO	ON AND DIS	POSAL OF HUMAN RI	EMAINS H	AVING B		IED		
FUNERAL	FIRM NAME		ADDRESS	28 Eltingvi	11 ecu	Y AND ST	ATE		STATE RE	G. #
ESTABLISHM	MENT John Vince	nt Scalia F.) •	Blyd		tatn	n Islar		11/20	
APPLICANT		icensed funeral director Moran	SIG	NATURE	\mathbb{M}	1			N.Y. STAT 0898	
PERMIT	PEF	RMISSION IS HEREBY GRAN	ITED TO DIS	POSE OF THE REMAIN	AS REQ	JESTED	ABOVE.			
De	is permit not valid without to epartment; or if it has been altered in any manner.	he raised seal of the	AR 13 19	90	Au		a. So	/	lum	м
VR-21 (REV. 4/89)					P	er - J			



The Commonwealth of Massachusetts EDWARD J. CRONIN

40724A

SECRETARY OF THE COMMONWEALTH

#2

MIDDIEFIELD

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

[City or town]

(City or town)

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

POSE E (USACK 94 MAIN ST., WESTFIEU)

(Name)

(Address)

for the removal from (Name)

(To be filled out in case of removal)

at PINE EROVE (Cemetery in MIDDIEPEU), of the body of VOTA 4 DURPEY who died (Month) (Day) (Year)

age 29 years, months, days.

Cause of death ASPINYX/ATION BY HANGING

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death ROOT, RD, MIDDIEPEUD

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

No
210



Division of Vital statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT (Issued under the provisions of Chapter 114, General Laws, as amended by

Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

of death, legibly written in durable black ink.

(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

J. C. HALEY	Checler, MASS
(Name)	Chester (Address)
for the removal from 4.75 for the filled out in	and defined, and the interment case of removal)
at fine Greve	Cemetery in Middlefield,, of the
body of MACK Tolan Son Dreck (Give full name of deceased)	(Month) (Day) (Year)
ageyears,months,	days.
Cause of death Acate fulmonary	ade mx
. 0	
If a U. S. War Veteran, specify what war, or	ganization, etc
Residence at time of death	

Pure Grove, B-26, # 3

1492

Proprietors of the Pittsfield Cemetery

203 Wahconah Street Pittsfield, MA 01201

CREMATION CERTIFICATE

General Laws, Chap. 114, Sec. 48

The undersigned, being on this date the person having charge of the	Crematory at Pittsfield Ceme	etery, hereby certifies that the	Burial Permit and Ce	rtificate of
the Medical Examiner prerequisite to the cremation of the body				

ofBLANCHE I. FAYlate of	Hinsdale, Mass., who die	dApril 21, 1992 DATE
Pittsfield,	Mass., STATE	have been duly presented.
Cause of deathPneumonia		
Age 83 years 0 months days.		Cremation No4478
DateApril 23, 1992	7./	Pandy Dinen Superintendent

This certificate should accompany these remains to their destination.

placed in Slater Pauli dies Teekupid 21, 1992; se 83

PECTION B	
Pit	tsfield Cemetery Crematory
203	Wahconah Street Pittsfield, Massachusetts CREMATION CERTIFICATE
d. 4/2	
1992	CREMATION CERTIFICATE
Name	BLANCHE I. FAY
	Cremation No. 4478

This Certificate should accompany these remains to their destination.

(DERY FUNERAL HOME)

Proprietors of the Pittsfield Cemetery

203 Wahconah Street

CREMATION CERTIFICATE

General Laws, Chap. 114, Sec. 48

The asher of Kenneth Floyd Day were transferred from The undersigned, being on this date the person having charge of the Burial Permit and Certificate of the Medical Examiner prerequisite to t of Kenneth Lloyd Fay late of Chester Mr. Fay warthe father of my William He at Pittsfield, Massachusetts Cause of death. Ruptured Aneurysm Age 64 years 11 months 5 days. Cremation No. 281 March 11, 1965

This certificate should accompany these remains to their destination.

1499

Proprietors of the Pittsfield 203 Wahconah Street

CREMATION CERTIFICATE

General Laws, Chap. 114, Sec. 48

The undersigned, being on this date the person having charge of the Crematory at Pittsfield Cemetery, hereby certifies that the Burial Permit and Certificate of the Medical Examiner prerequisite to the cremation of the body

of Kenneth Lloyd Fay	late of Chester,	, Mass.	who died March 7, 196
Pittsfield,	Massachusetts		have been duly presented.
Cause of deathRuptured Aneury	rsm	1	<u> </u>
Age 64 years 11 months	5days.		Cremation No. 281
Date March 11, 1965		Tim	wood H. Conglem.

This certificate should accompany these remains to their destination.

No626-06

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.
City/Town PIHS Sield Dalla 16, 2006
A satisfactory death certificate having been filed for Le
who died on 14 200 US War Veteran 100
born on OC+ 31, 1922, who resided at
195 Elberon Evenue
10510 PC - 01201
and who died of Metastate Lung Cancer
Permission is hereby given for (check all appropriate boxes):
[] Removal from:
Disposition at The Gove cometery Viddle feet
[] Transportation to:
Permission is hereby given to: Sure of facility of the Control of facility
Elis adams m

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk).

R-309-05

No. 626-01

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

Pitts Raid Houth Dept.
City/Town of 70 Allen St-Pittsfield Mass.
Name of Decedent Helenlucille Ferris
If a U.S. War Veteran, specify what war, organization, etc.
740
=======================================
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
(Name of cemetery or crematory) (City/Town)
on
Final Disposition
Certified by(Signature of Superintendent, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frank Tay
Name of deceased John Walter Ferris
Age 42 years 3 months 17 days
Place of death Middlefield
Date of death April 14, 1932
Cause of death Lobar peneumonia
Interment at New Cemetery Middlefield Date permit issued April 76, 1932
Date permit issued April 76, 1932
Certified by William & mith M.D.



DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS

	05-1
No.	00

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns

where there is no Board of Health by the town clerk) of the city or town in which

the death occurred AETER the FILING and acceptance of a satisfactory certificate of death, printed of typed in dyruble black ink.
Dec/[e] JAN 13 192005
(City or town) (Date)
A satisfactory certificate of death having been filed, permission is hereby given to
Kelly FUNERAL HOME 3 MAIN ST LEE, HA
(Name) (Address)
for the removal from, and the interment
(To be filled out in case of removal)
at CIVE GROVE Cemetery in MIddle field, 11/61 the
body of NAITER D. FULLET Who died JAN 12 10200
(Give full name of deceased) (Month) (Day) (Year)
age years, months, days.
Cause of death ARCHODULHONARY ARREST
Cause of death ///// PU//PU//////////////////////////
If a U. S. War Veteran, specify what war, organization, etc.
200 11/1/2 DIR-45
Residence at time of death 250 Wells Rd Docket, HA
Lanne W Vryo
(Signature of Agent of Board of Health, or, in towns where there is no
Board of Health, of Town Clerk)

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

401/1
Issued to T. C. Haley
Name of deceased alice Potter Gardine.
Age 67 years 5 months 16 days
Place of death Middlefield
Date of death Sept. 20,1941
Cause of death Coronary Embolism Coronary Selveronio Interment at New Cemetery.
Interment at New Cemetery.
Date permit issued Sept. 22,1941
Certified by John Q. Huffmire M.D.

No			
(VO	 		



OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.) [This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city

ivision of Vital Statistics	or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]	
	SPRINGFIELD Jan / 19 3r (City or town) (Date)	
	rtificate of death having been filed, permission is hereby given to	C
meet	(Name) Armsfuld	_
or the removal	from Wessen Memorial Fryand the intermen	ıt
	(To be filled out in case of removal) retery Cemetery in Widdlefield heard the	
	thur Jardner who died Jan 14 19 35 (Give full name of deceased) (Month) (Day) (Year)	
age 48 years	(Give full name of deceased) (Month) (Day) (Year)	
	Pylonic Ulcer	_
	Veteran, specify what war, organization, etc	_
Residence at tin	ne of death Middlefield, Mass.	_

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

Euleun unfog-PINE grove, Lot 5, Sec. B, -# 9

The Commonwealth of Massachusetts

No. 33/-98

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or fown in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town	Culley	rela	Date	lune 1619.	98
A satisfactory de	eath certificate havi	ng been filed for	0		
Lo	enet	Evely	n /	Landine	.
	0	Full name of the			- torry
who died on	June	14/	998 US Wa	r Veteran	
	man	date of death			
born on	gac	date of birtl.	<i>O</i>	, who res	ided at
	Sayle	ne Tr	tail		
0	also.	. 00			••••••
ma	aveg	eld.	ma	01243	
and who died of	Real	inata	za fa	iluno	
	reby given for (chec			diate cause	~
			wes):		it
[] Removal from	:	name and addre	ss of original disposition		
Ø D:	1.	9/200	6 1	200	000'00
Disposition at	· UMML)	name and addre	ss of cemetery or cremato	y had	lefrell
[] Transportation	n to:			_	
		name and addres	ss of immediate destination	on of remains	•••••
Permission is her	eby given to:	11'01			,
0.15	rien /	elltone	u tun	eral /	one
Aus	1000 1	name of facility	1 1.	1 0	
- tur	veer 19	address of facility	unting	con m	01050
	Step	hen &	. 10%	nuela	De
	Signature of Boa	rd of Health Agent, or, in t	owns where there is no B	oard of Health, of Town Cler	*
				V	

R-309

No. 331-98

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

to
Name of Decedent Janet Evelyn Gardin
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
(Name of cemetery or crematory) (City or Town)
on
Final Disposition
Certified by(Signature of Superintendent, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.





Division of Vital Statistics

SECRETARY OF THE COMMONWEALTH

No. 205

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

(City or fown) A satisfactory certificate of death having been filed, permission is hereby given to (Name) (Address) for the removal from and the interment (To be filled out in case of removal) Cemetery in who died (Give full name of deceased) (Month) Cause of death . A. e arrher If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death

of death, printed or typed in styrable black ink.]

DEPARTMENT OF PUBLIC HEALTH

NO P	REGISTE	RY OF VITAL	RECORDS	S AND STATISTICS	3
3 1		-		No	
4670	OFFICIAL	BURIAL	(OR	REMOVAL)	PERMIT
	(Issued under the pro	visions of Chapter	114, Section	45, General Laws, Ter.	Ed., as amended.)
	Board of Health by the	town clerk) of the c	ity or town in	loard of Health (or in town which the death occurre th, printed or typed in o	d AFTER the FILING
_	Mest	City or town)		May 2	5 19 8.9
A disfactory cer	tificate of death hav	ing been filed,	permissio	n is hereby given to	
Kellingh	Stease !	2.29 /2	MODE	V. lelle	stperch
or the removal fr	om(Name)	esthees	/	(Address)	the interment
. Pine (Sione	o be filled out in case	e of removal) etery in .	middle 6	tel of the
oody of Lyn	don T.Gi	more	·· who di		19/9
ige 10	(Give full name of d	months,		(Month) (Da	(Yedr)
/	/ /	111			

If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death

> (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

R-309

No.	٠									٠	

BURIAL REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

WEALTH DEDARTMENT

					HEAL IS	TFIEL	J. M	ASS.			
C	ty	or '	Γοw	n of							Mass.
N	am	ie o	f de	cease	a L. 4.	ndon	.7	6.	/m	ste	
					Veteran,						
					1	1					

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify			this permit was
disposed of in acco	A.	o terms	field mo
at(Name	Move	ory)	(City or town)
on May	28 1989	j	
Certified by	Tarre I	Pine	-derk
certified by	(Signature of Supe	rintendent, cemeter	

If there is no officer in charge, undertaker should sign and return this stub.

No. 66-93

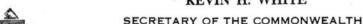
OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended) This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink. A satisfactory death certificate having been filed for for (check all appropriate boxes): Removal from: name and address of immediate destination of remains Residence at time of death ...

DISPOSITION,	REMOVAL	AND
TRANSPORT	ATION PER	MIT

City or Town of	eld Mass.
Name of Decedent	
If a U.S. War Veteran, specify what	war, organization, etc.
wwII - VS	
ENDORSEME	ENT
(To be filled in by cemetery or cre	matory official)
I hereby certify that the body accompany of in accordance with its terms	ing this permit was disposed
at (Name of cemetery or crematory)	(City or Town)
on	
Considered by	
Certified by(Signature of Superintendent, cemet	
If there is no officer in charge, funeral director	must sign and return this stub.

KEVIN H. WHITE



as amended.)



(Date)

Division of

Vital Statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,

[This permit can be signed only by the ager	at of the Board	of Health (o	r in towns
where there is no Board of Health by the tou			
the death occurred AFTER the FILING and			
of death, legistra written in durable black ink.	-		

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

A satisfactory certificate of death having been filed, permission is hereby given to

(Name)

(Address)

for the removal from

(To be filled/out in case of removal)

at Cemetery in (Month)

(Give full name of deceased)

(Give full name of deceased)

(Give full name of deceased)

(Address)

(Month)

(Day)

(Year)

age Satisfactory certificate of death (Month)

(Day)

(Year)

(Address)

(Month)

(Day)

(Year)

(Year)

(Address)

(Month)

(Day)

(Year)

(Year)

(Address)

(City or town)

DEPARTMENT OF PUBLIC HEALTH

REGISTRY OF VITAL RECORDS AND STATISTICS

OFFICIAL BURIAL (OR REMOVAL)

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

..... and the interment

A satisfactory certificate of death having been filed, permission is hereby given to

age months, days.

for the removal from

Cause of death . M. will sple Gegan System touluse

If a U. S. War Veteran, specify what war, organization, etc..............

Residence at time of death . A hee rid Cur. South wice

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

R-309

No.	•	*	*	٠	٠	*	*	*	*	٠	*	*		*

BURIAL REMOVAL)

This coupon to be returned immediately, properly endorsed

HEART DEPARTMENT

Ci	tv	or T	Гом	n of		 	 	 . Mass.
					a Ma			
					Veteran,			
					_	 4:		

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby	certify	that the	body	accompanying	this	permit	was
disposed of	in acc	cordance	with i	ts terms			

(Name of cemetery or crematory) (City or town)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts JOHN F. X. DAVOREN





Division of Vital Statistics SECRETARY OF THE COMMONWEALTH

No. /90

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, wrinted or typed in durable black ink.]

(City or town)

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to	
O.C. Haley, Chaster	
(Name) (Address)	
for the removal from (To be filled out in case of removal) and the interment	
at Pine Grove Cemetery in Chester , of the	
body of William H Hathaway who died March 12, 1972	_
age	
Cause of death Caraina of frostate with metastasis.	
If a U. S. War Veteran, specify what war, organization, etc.	
Residence at time of death Chaster Heel RD. Chaster man	
ante M. Nuclord 9 mB) Heal	
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health of Town Clerk)	

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Pittsfield Date Dec. 9 20 11
A satisfactory death certificate having been filed for
who died on December 7 2011 years 10
born on October 15 date of dath 1940 , who resided at
Chester, MA 01011
and who died of Heart Failure
Permission is hereby given for (check all appropriate boxes): [] Removal from:
Middlefield
[] Transportation to:
Permission is hereby given to: Dery F. H.
54 Brack of facility St. Pitts. MA
Thelip adams my find

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

If there is no officer in charge, funeral director must sign and return this stub.



DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS

No	
140	***************************************

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, profits durable black ink.]

(City or town)

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to (Address (Name) and the interment for the removal from (To be filled on in case of removal) Cemetery in A.L. who died (Give full name of deceased) age ______years, ____months, ___ Cause of death If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death .. (Signature of Agent of Board of Health, or, in towns where there is no

This permit must accompany remains to destination.

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH

BUREAU OF VITAL RECORDS AND HEALTH STATISTICS RICHMOND, VIRGINIA

OUT-OF-STATE 1	RANSIT PERMIT
OF DECEASED JAN BEN JI	about AGE 43
PLACE OF (City or County) DEATH Manassas VIRGINIA	DATE OF (Month Day Yelf) DEATH 9/30/76
SEX	RACE OR COLOR
DESTINATION TO WHICH REMAINS TO BE SENT PINE (City of County Webs)	
A Certificate of Death having been filed as require regulations having been complied with, permission	ed by the laws of this State, of conditions outlined in
Funeral Director J. Dennis Behev	Address Monassas, va.
To transport said deceased as stated above.	
DATE ISSUED 10/2/70 REGISTRATION DISTRICT NO. 175	SIGNATURE OF REGISTRAR & GLORGIA Davie

DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS

No	
410.	

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, property of durable black ink.]

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

A satisfactory certificate of death having been filed, permission is hereby given to Machine Mass (Name)

(Address)

(

(City or town)

No. 2

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to F. C. Haly	
Name of deceased Baby Holmus,	
Age years months	days
Place of death Midellifulf Date of death March 6, 1950	**********
Date of death March 6, 1950	*************
Cause of death Prematurity	
Interment at Pinez Grow Courseling	······································
Date permit issued 3/9/50	.
Certified by Milton Sownthal	M.D.

R-309

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

					4	1	-	>	_	_	
No.					!			۷.	-	2.	

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING

Board of Health, of Town Clerk)

and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.) (City or town) certificate of death having been filed permission is hereby given A satisfactory (Name) (Address) for the removal from and the Interment (To be filled out in case of remove (Give full name of deceased) (Month) (Day) (Year) . years months If a U. S. War Veteran, specify what war, organization, etc.. Residence at time of death Signature of Agent of Board of Health, or, in towns where there is no





Division of Vital Statistics

SECRETARY OF THE COMMONWEALTH

No. 241

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in dupble place ink.]

Board of Health, of Town Clerk)

A satisfactory certificate of death having been filed, permission is hereby given to
Ranid a. Dery Tittsteld
(Name) (Address)
for the removal from
at Line Grand Cemetery in Middle feeld Ma, of the
at the comment of the comment of the comment of the
body of Laura Leynolds Horsel who died May 5, 1979. (Give full name of deceased) (Month) (Day) (Year)
age days.
Cause of death Circhal vascular thrombosis
_
If a U. S. War Veteran, specify what war, organization, etc.
of a plant of the
Residence at time of death Chipping Rd, Meddlefull Ma
anto M. Necesoro So
(Signature of Agent of Board of Health, or, in towns where there is no

(City or wn)



Division of Vital Statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

FOL- 16. 1935

	it with the state of the state	(Date)	
A satisfactory certificat	te of death having been	filed, permission is he	reby given to
Wellington	and Cys	ier. Bitts	Ried
for the removal from	(To be filled out in case of re	(Address)	he interment
at her	Cemetery	in Indellefu	ld, of the
body of Victorial Give full	name of deceased)	who died Fel-, (Month) (D	
age 67 years, 11	months, 20 day	ys.	
Cause of death	med arter	reclusere	
If a U. S. War Veterar	n, specify what war, org	ganization, etc	
Residence at time of d	eath Instlan	ptn State	Hospital
	(Signature of Agent of Board	of Health, or, in towns where	there is no Board

of Health, of Town Clerk)

MODILIAMOTOR

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., 2s amended)
This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.
City or Town Littafield Date Feb 23 1993
A satisfactory death certificate having been filed for
Tillian - Jacobson
born on Spr. 5, 1909 , who died of
Emplema , on February date of death
Permission is hereby given to
O'Brien Hilltown function Home
Aussell Rd Huntington ma 01050
for (check all appropriate boxes):
Removal from:
X Disposition at: Line Grove Come Tong - Middlefield
☐ Transportation to:
If a U.S. War Veteran, specify what war, organization, etc.
Residence at time of death Chester as
middlefield ma 01243

R-309

No. 97-93

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

	1:4		Lacological organization, etc.	
	ENDOR	SEMENT		==
	(To be filled in by ceme	etery or crematory	official)	
I hereby cert	ify that the body acc	ompanying th	is permit was disp	osed
of in accorda	nce with its terms			
at	ame of cemetery or crematory	· · · · · · · · · · · · · · · · · · ·	(City or Town)	•••
on				
Certified by	(Signature of Superinten	dent, cemetery or o	crematory)	

If there is no officer in charge, funeral director must sign and return this stub.



OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

Division of Vital Statistics

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

... Hearfield ... March 24, 1939. A satisfactory certificate of death having been filed, permission is hereby given to Grederick O. Haley ... Cheater Traco. for the removal from . It explicitly, and the interment at ... Mus Cerulary Cemetery in Middlefield ..., of the body of Frank and less Johnson. who died Mas. 23. 19.39. (Years) age 4.3 years, 3 months, 7.5 days. Cause of death. Cerebral Graplety, arteris - seleson If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death hold Label G. m. may m. J.

No.			



Division of

The Commonwealth of Massachusetts

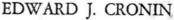
Official Burial (or Removal) Permit

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred Vital Statistics AFTER the FILING and acceptance of a satisfactory certificate

of death, legibly written in durable black ink.) A satisfactory certificate of death having been filed, permission is hereby (Name) (Address) . and the interment for the removal from (To be filled out in case of removal) Cemetery in 1 . Jowes (Give full name of deceased) o O__vears._ ____months.__ days. If a U.S. War Veteran, specify what war, organization, etc._ Residence at time of death (Signature of Agent of Board of Health, or, in towns where there is no Board

of Health, of Town Clerk)



SECRETARY OF THE COMMONWEALTH





Division of Vital statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFIER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.

(City or form)

(Date)

(Signature of Agent of Board of Health, or, in towns where there if no Board of Health, of Town Clerk)

satisfactory terminate of death naving been filed, permission is hereby given to
t. C. Haver Chester, mass.
(Name) (Address)
for the removal from
(To be filled out in case of removal)
at Cemetery in Muddlefield of the
body of all hers Seth gras ft, who died Dec 14 1940. (Give full name of deceased) (Month) (Day) (Year)
age
ageyears,months,days.
Cause of death Coronary Thrombosis.
Cause of death Assessment of the Control of the Con
If a U. S. War Veteran, specify what war, organization, etc.
a of St Wat Veterall, specify what war, organization, etc.
Residence at time of death Cheater
20 204 1200 1 11
Horas et Baleak Me Charles Bloth

No. ____/

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Tree BHalley
Name of deceased Beatric Athany Jones
Age 55 years 2 months 12 days
Place of death Middlefuld Man
Date of death . Jan 31,1959
Cause of death Cerebral Humorage
nterment at Sim Gran Contry
Date permit issued 4.6.3.1959
Certified by John a. Huffmire M. D.

Form 7-1M-8-69

No.40.	011	
	MEN AND RESIDENCE TO SERVICE TO S	_

.....General Manager

The Proprietors of the Springfield Cemetery.

Burial Certificate from the person in Charge of Crematory, required by General Laws of Massachusetts, 1921, Chapter 114, Section 48

	Denold MacKey		nglield, Mass.,			
	Donald MacKay Springfield Cemetery, hereby					
	mating the body of					
late of	Middlefield, Ma.					
who died at	Pittsfield, Ma.			have l	been duly pre	sented.
Date of death		Jan. 23,	19.92., age	78years	months	days.
Cause of death	Large cell Ly	mphoma				

Jonald MacKay

BECL

Pine Gione 6123 B-B-#1

ST 1/ /F/		
No46,656		
	CONTRACTOR OF THE PARTY OF	111111111111111111111111111111111111111

Burial Certificate from the person in Charge of Crematory, required by General Laws of Massachusetts, 1921, Chapter 114, Section 48

Pine Grone Dot 23B-B/1+#1
1226

1990

Springfield, Mass., Sept. 9. 19 96

Proprietors of the Springfield Cemetery, hereby certify that the burial permit and the certificate of the medical examiner prerequisite to cremating the body of Lesley V. Jordan, Sr. late of Middlefield, Ma. who died at have been duly presented.

Date of death Sept. 6. 19 96, age years months days.

Form 7-1M-8-69

The Proprietors of the Springfield Cemetery.

Pine Show 23B-B Enteriel THE PROPRIETORS OF THE CREMATORY SPRINGFIELD 171 MAPLE STREET SPRINGFIELD, MASSACHUSETTS BURIAL CERTIFICATE For

THE CREMATED REMAINS OF

Lesley V. Jordan, Sr

en-Hilltown Finneral Home

01050

Ma.

ngton,

Pure 10 C. F. Y

R-309



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 81-91

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance or a satisfactory certificate of death, printed or typed in durable black ink.)

and acceptance of a satisfactory certificate of death, pi	rinted or typed in durable black ink.)
CREATMENT 1	1 17 6
Sudlow lue	elle L. J. 19.9.
(City or town)	(Date)

0			
A satistactory c	rivicate of death having been file	d, permission is hereby given to	
Miss. 7	- () Build 1 1 10 100	d, permission is hereby given to L479 Huntington, Inex	
71.00		of francing con francis	7
//	(Name)	(Address)	

Cause of death Slpsis

If a U. S. War Veteran, specify what war, organization, etc.....

(Signature of Agent of Board of Health by in towns where there is no

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk) R-309

81-91

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

	to	(6)	Wee Duin	nermit)	Ch		
City or To	own of	of-	eed	lac	~		. Mas
Name of	decease	ha	mil.	Ha	uria.	t Ki	rij.
If a U. S	S. War	Veteran,	specify	what w	ar, orga	nization,	etd.
		-					

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on

Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



State of Florida, Department of Health, Vital Statistics APPLICATION FOR BURIAL — TRANSIT PERMIT

Enter	ed u	u Jog	51:	5/94
Pine In	voue le	m: L	+#2	5, C
10th		(7	¥ 3)

A.	. (Type or Pri	nt)						
1.	Name of Deceased	First	Middle	Last	DATE OF	Month	Day	Year
855	Eleano	or L	ois La	amb	DEATH	Februar	v 10	1998
2.	Place of Death County	City, Town or	Location	Name of Hosp. or	(If neither, give street		, 10,	1770
-	Hillsborough	Tamp	а	la-st	Tampa General Ho	ospital		
3.	Name of Medical Certifier		Medical Examiner		Address B. Downs Blvd.		Phone N	Number 71-2600
	Juan A. Garcia,	M.D.	xx Physician		33613	ste. (o	13/ 7/	/1-2000
4.	Name of Funeral Home,	/	Address 3207 Bearss Av		Fla. Lic. No./Reg. No.	Phone Numb	per (Are	a Code)
B	Roel Funeral Home				2214	(813) 96	8-223	í
	Check Appro- priate	a	certification has been cion.	completed and sign	ned. A completed cert	ificate of dea	ath acco	ompanies
		hours after nor other ex	Doctor Reception death. He/she verified the ternal cause of death, and	nat this death wa d that <u>Juan A</u>	s from natural causes,	that there v	was no	accident
		c \square	medical certification of ca			200	() k	·
		· -			was contacted on, Medical Examin			
		medical cert	ification.		, Wedicai Examin	ier, will comp	ele and	Sign the
6.	Place of Final Disposition:		n state cemetery/ crematory - name/county:	\cap		emoval		
7.	Funeral Director/		Signature /		E. No./Reg. No.	om state	ate Signe	Donation
	Direct Disposer		will I lee		2017		/11/98	
3. X. <mark>K.</mark>	would result from filing	of time for filing the within the normal time of filed with the Local or filing the death ceri	death certificate (exclusive limit. If the certificate can Registrar of the County is	re of weekends) h	nas been requested and in this extended time lin curred.	nit, a "Funera Date Certifica	undue t I Directo	hardship or/Direct
C.	Signature	AUTHORIZATIO	N for CREMATION, DI	ISSECTION or E	BURIAL-AT-SEA	Remova 8-008	1 #	হ
	or Medical Examiner,	r. Russel	Vega , gave a	authorization by te	lephone to Evely,	nwils	on	
	death is required for all of	cremations.	btained before disposal	by any of the at	pove methods. A waitii	ng period of	48 hou	rs after
).	i k		CEMETERY OR C	CREMATORY				
	Methods of Disposition:			Place of Dian	osition			
	BURIAL	☐ STORAGE			osition			
	☐ CREMATION	OTHER (Specify)	Date of Dispo	esition			
	Signature of Sexton) or Person-in-Charge) _	vc 20 (200)						

This permit must be endorsed by the Secton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the County where disposition occurred.

TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

PERMIT NUMBER

PERSONAL	1. Full name of a				JULY 12, 19	nonth, day, and year 989	communic	vee
DATA ON DECEASED	4. Sex MALE	5. Color or race WHITE	6. Age in years 57	7. Place of dea FORT SAM		recinct no.)	(county) BEXAR,	(state) TEXAS
	disposal	- 5	Cremation Disinterment		(name of cemeter) GROVE CEMI	or crematorium) ETERY ,MIDDLE	(city or town) FIELD,MA	(state)
PLACE OF	Name of funeral ARMAND PAR			License number 5165	Business address SUNSET FU	NERAL HOME		
DISPOSAL	Name of embalma ANDREW HAI	er (If none, write no	one)	License number 5922	Business address S.A., TX			
AUTHORIZA-	A certificate of disposal of dead	death having been I bodies having bee	filed as required b in complied with, p	y the laws of Te permission is her	kas and all laws a by given to dispo	nd regulations gover se of the body as id	rning the prepar entified above.	ration and
DISPOSE OF BODY	Signature of occ	an Po	nke	DEAN ANTO	NIO or precinct	EXAR (cour	and the same of th	12/89
DISPOSITION	Body was	Date		Rune of cemeter	hove Cen	etary		
OF BODY	Cremated	Location Middle	Leld Ma	(county)	ine MA.	Hame of sexton or p	Je Place	e-clerk
		/		, ,				Constan

KEVIN H. WHITE



SECRETARY OF THE COMMONWEALTH

No. 440

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death focurred AFTER the FILING and acceptance of a satisfactory certificate

(City or town) (Date) A satisfactory certificate of death having been filed, permission is hereby given to Name) (Address) for the removal from and the interment (To be filled out in case of remova Cemetery in ... who died (Give full name of deceased) (Month) (Day) (Year)months. If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

of death, kaibly written in durable black ink.]

The Commonwealth of Massachusetts A-3 JOHN F. X. DAVOREN



SECRETARY OF THE COMMONWEALTH

No.//- 74

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate

	(Gity GP town)	(Date)	
A satisfactory certificate of dea	ath having been filed, p	ermission is hereby given	to
BRuce H. Grunaw - 2			
or the removal from	o be filled out in case of rem	, and the inte	ernment
Pine Grove	Cemetery i	n Middle field MA.	of the
ody of SARAH E.L	Lewelly N	who died 5-26-	19.74. (Year)
ge90years,2	months,/9	days.	
Cause of death ARTER 10.56	LEROTIC HEA	RT DISEASE	
f a U. S. War Veteran, specify	y what war, organization	on, etc	
Residence at time of death	S CROM WI	Il AveP	Hsfield,
/C	nature of Agent of Board of I	Barratowi	is no
**	Board of Healt	ii, or rown cierk)	

of death, legibly written in durable black ink.]



DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.) (This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.) (City or town) (Date) A satisfactory certificate of death having been filed, permission is hereby given to (Address) for the removal from (To be filled out in case of removal (Give full name of deceased) (Month) (Day) months,..... days. If a U. S. War Veteran, specify what war, organization, etc.. Residence at time of death (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

KEVIN H. WHITE



SECRETARY OF THE COMMONWEALTH

No. 692

13

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death legibly written in durable black ink.] (City or town) (Date) A satisfactory certificate of death having been filed, permission is hereby given to (Address) (Name) for the removal from and the interment (To be filled out in ease of removal) who died .. (Give full name of deceased) (Month) (Day) (Year) If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

The Commonwealth of Massachusetts & 5 EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

	/
No.	

Division of Vital Statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.

(Signature of Agent of Board of Health, or, in towns where there is no

A satisfactory certificate of death having been filed, permission is hereby given to

DAVID F. MITCHELL 21 CENTED ST. 144

(Name) (Address)

for the removal from MADLETTED, and the interment

(To be filled out in case of removal)

at PINE GROVE Cemetery in MIDDLETTED, of the

body of DONALD C. MILLER, who died 9. 20. 19.77

(Give full name of deceased) (Month) (Day) (Year)

age 55 years, 8 months, 2 days.

Cause of death CORONARY HEART DISEASE

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death MIDDLETTED.

R-309-04 The Commonwealth of Massachusetts

No. 502-05

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or fown in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town PiHSSieW	Dat Sept 28 20 05
A satisfactory death certificate having been filed for	Miller
Full name of day	US War Veteran NO
born on	5 who resided at
16 South Atlantic	Avenue
AHSTIELD MO	01201
and who died of Cardio Pul	monary Arrest
Permission is hereby given for (check all appropriate b	oxes):
Wisposition at: The Crove	s of griginal disposition
	s of cemetery or crematory
	s of immediate destination of remains
Dery Eyneral Hor	me_
54 Brackford Street	+ Vitto Freld Ho
In this ad	ano N.S
- painting of board of right Agent, or, in to	wns where there is no Board of Health, of Town Clerk)

R-309-04

No. 502-05

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned imme	ediately to the Issuing City/Town, properly endorsed
to Pitt	sfield Health Dapt.
79	ffice assuing periodic) 0120
City/Town of	Mass.
Name of DecedentSke	then Allen Miller
If a U.S. War Veteran,	specify what war, organization, etc.
	No
==========	===========
END	OORSEMENT
(To be filled in t	by cemetery or crematory official)
I hereby certify that the	body accompanying this permit was
disposed of in accordance	with its terms
at(Name of cemetery or c	rematory) (City/Town)
on	
Final Disposition	
Certified by(Signature of	Superintendent, cemetery or crematory)
	The second secon

If there is no officer in charge, funeral director must sign and return this stub.

The Commonwealth of Massachusetts EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

	,
	/
No.	***************************************



OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics (Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.

Board of Health, of Yown Clerk)

A satisfactory certificate of death having been filed, permission is hereby given to	
Wellington Suc , 200 Ent St. Filletil	
for the removal from (Name) (Address) (Address), and the interm	ıent
at Price Stove Cemetery in Medelisted, of	the
body of Kenneth A lew marker who died Syll, 17 194 (Give full name of deceased) (Month) (Day) (Y	(ear)
age 54 years, 5 months, 7 g days. Cause of death Illetastatic Carcinonic 4500 Bladelet	
74	
Residence at time of death	
(Signature of Agent of Board of Health of in towns where there is no	6

DEATH HOSPITAL OR OTHER INSTITUTION—Name (Iff not either, give street and number) 3c. 2201 Partice Place rican ETHNIC AGE—Last Birthday (Years) MOS: DAYS 5b.: MOS: DAYS 5c.: MOS: DAYS	2 January 17, 1984 (Iff not either, give street and number) INSIDE CITY LIMITS (Specify Yes or No) 3d. Yes UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo MOS DAYS 5c. 5	INSIDE CITY LIMITS If Hosp. or Inst. indicate DOA, OP/I	THE STATE OF BIRTH UNDER USUAL OCCUPATION (Give Kind of Work Done During Most of Working) Less Center and Secretary SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working) Less Center and Secretary SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working) Less Center and Secretary SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working) Less Center and Secretary SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working) Less Center and Secretary SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working) Less Center and Secretary SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working) Less Center and Secretary SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working) Less Center and Secretary SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working) Less Center and Secretary Social Security Number STREET AND NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working) Less Center and Secretary Social Security Number STREET AND NUMBER INSIDE CITY LIMITS (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Specify Year or No.) Inside City Limits (Spec	1. Virginia B. NEWMARKER 2. January 17, 1984 3a. Clark CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (iff not either, give street and number) Signature and Title)	Virginia B. NEWMARKER 2 January 17, 1984 3a Clark CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name of not either, give street and number [NSIDE CITY LIMITS Specify yes or not Speci		LOCAL FILE NUMBER CEASED—NAME First		Middle	10			Last		DATE OF	DEATH (Mo	nth, Day, Ye	ar)	STATE FILE	NTY OF DEATH
DEATH HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 2201 Partice Place Fican ETHNIC 4b. Aperican CITIZEN OF WHAT COUNTRY 9 U.S.A. MARRIED, NEVER MARRIED, NEVER MARRIED, WIDOWCED DIVORCED (Specify) 10 USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Secretary COUNTY CITY, TOWN, OR LOCATION STREE Middle Last MOTHER—MAIDEN NAME 15b. Clark MAILING ADDRESS (Street or 18b. 2201 Partice Pl. MAILING ADDRESS (Street or 19b. MAME AND ADDRESS OF FACILITY 20b. NAME AND ADDRESS OF FACILITY 20b. NAME AND ADDRESS OF FACILITY 20c. Before 10:00am Weledge, death occurred at the time, date and place and ated. Pay, Yr.) HOUR OF DEATH 21c. Before 10:00am SPHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED D. 22d. ON	Company Comp	INSIDE CITY LIMITS (Specify Yes or No) 3d. Yes 3e. UNDER 1 DAY HOURS * MINS G. July 17, 1916 SURVIVING SPOUSE (If wife, give maiden name) 11 SURVIVING SPOUSE (If wife, give maiden name) 12 SURVIVING SPOUSE (If wife, give maiden name) 13 SURVIVING SPOUSE (If wife, give maiden name) 14 STREET AND NUMBER 15 STREET AND NUMBER	CITY, TOWN. OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) INSIDE CITY LIMITS Specify was provided in the patient (Specify) Specify was provided in the patient (Specify was provided in the patient (Specify) Specify wa	TITY, TOWN, OR LOCATION OF DEATH So. 2201 Pardee Place Sc. 3201 Pardee Sc. 3201 Pard	TITY, TOWN, OR LOCATION OF DEATH 3b. Las Vegas RACE—Last, White, Black, American RACE—Last, White, Black, American State of Birth (In cl. S.A., mark country) STATE OF BIRTH (In cl. S.A., mark co		777 mark mil		10		13 999	T. F & T. SPT.	***						3a	Clark
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AGE Last Birthday (Years) Show Days Show Days Show Days Show Show Days Show Sho	UNDER 1 YEAR MOS DAYS 5b. DAYS 5c. SURVIVING SPOUSE (If wife, give veb. DIVORCED FOURTH MOST DAYS 5c. SURVIVING SPOUSE (If wife, give veb. DIVORCED) FOURTH MOST OF BUSINESS OR INDUSTRY 14b. Blectric company 11c. STREET AND NUMBER 15d. 2201 Pardee MOTHER—MAIDEN NAME 17. STREET AND NUMBER 17. STREET AND NUMBER 17. STREET AND NUMBER 18d. 2201 Pardee MOTHER—MAIDEN NAME 18d. SURVIVING SPOUSE (If wife, give veb. DIVORCED) MOTHER—MAIDEN NAME 18d. 2201 Pardee MOTHER—MAIDEN NAME 18d. 2201	UNDER 1 DAY HOURS MINS 6. July 17, 1916 SURVIVING SPOUSE (If wife, give maiden name) 11. SURVIVING SPOUSE (If wife, give maiden name) 12. SARMED FORCE (Specify Yes or No) 12. STREET AND NUMBER 15d 2201 Pardee Pl. STREET AND NUMBER 15d 2201 Pardee Pl. STREET AND NUMBER 15e. West or No) 15e. STREET AND NO., City or Town, State, Zip) Las Vegas, Nevada 19c. Las Vegas, Nevada 19c. Las Vegas Nevada On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. STREET AND NO. STREET AND NUMBER (Specify Yes or No) 15e. STREET AND NUMBER (S	RACE—leg., White, Black, American Indian, etc) (Specify) 4a. White American American Age—last Age Age—last Ag	RACE—Las y White Black, American (and, net) (Specify) 4a White STATE OF BIRTH (Mo. Day, Yr.) 4b American 4b American 4b American 4c White STATE OF BIRTH If not U.S. A. American (CITIZEN OF WHAT COUNTRY) 8 Massachusetts SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER 13. 016-03-4850 RESIDENCE—STATE COUNTY 15c Las Vegas FATHER-NAME First Middle Last Vegas Screetary 15c Las Vegas Screetary 15c Las Vegas Screetary 15d 2201 Pardee P1. 15e Las Vegas, Nevada 15e Las Vegas Nevada 16e Las Vegas Nevada 17e Middle 18e Las Vegas Nevada 18e Las Vegas Nevada 19e Las Vegas Nevada 19e La	RACE—e.g., White, Black, American indian, etci (Specify) American American American Briting (Paris) Bri		444	ZAIH	000000000000000000000000000000000000000					er, give stre	eet and non	(Spe	city Yes or N	0) F	Rm. Inpatient (S	Specify)
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CITIZEN OF WHAT COUNTRY USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. COUNTY COUNTY CITY, TOWN, OR LOCATION ISTRE Middle Last MOTHER—MAIDEN NAME Small I7. MAILING ADDRESS (Street or 18b. 2201 Pardee Pl. AMERICAN STREEN, OTHER (Specify) COUNTY CEMETERY OR CREMATORY—NAME 19b. MAERICAN GRAPHED, WILDOWS OF FACILITY 20b. Wiedge, death occurred at the time, date and place and ated. Apply Yr.) HOUR OF DEATH 21c. Before 10:00am Sprending of Printy Sprending of Pronounced December 10:00am Sprending of Prono	Sb. 5c. 6 July 17 ED. NEVER MARRIED. VED. DUVORCED Wildowed During Most of KIND OF BUSINESS OR INDUSTRY 14b. Electric colored OCATION STREET AND NUMBER INDUSTRY 17. Hary DDRESS (Street or R.F.D. No., City or Town, Street or R.F	SURVIVING SPOUSE (If wife, give maiden name) WAS DECEDENT EVALUS. ARMED FORCE (Specify Yes or No.) IND OF BUSINESS OR INDUSTRY 4b. Electric company STREET AND NUMBER (Specify Yes or No.) 15d. 2201 Pardee Pl. 15e. Yes AME First Middle Last Hary Phillips (Street or R.F.D. No., City or Town, State, Zip) Las Vegas, Nevada 89104 LOCATION City or Town State 19c. Las Vegas Nevada On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. 225 Las Vegas Avada On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. 22c.	## White ## American 5a. 67 5b. 5c. 6 July 17, 1916 Fermal State of BIRTH (Into U.S.A., name country) 8 Massachusetts 9 USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14a Secretary 14dowed 11 Second Vortice of the Retired 15c Las Vegas 15d 2201 Pardee Pl. 15e Yes or No. 15b. Clark 15c Las Vegas 15d 2201 Pardee Pl. 15e Yes Ye	American Sate pitth State of Birth If you U. S. R. Home country) Shassachusetts Social Security Humber Social Security Humber Jusual Occupation (Give kind of Work Done During Most of 12 to 13 to 16	A White 40 American 50 Bb. 50: 6 July 17, 1916 Feath State of Birth If not U.S.A. name country 10 MARRIED NEVER MARRIED Specify Will dowed 50 U.S.A. 50 CLA SECURITY NUMBER SUSUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 13. 016-03-4850 RESIDENCE—STATE COUNTY 150 Clark 150 Method Address 150 Clark 150 Clark 150 Clark 150 Clark 150 Method Address 15		Indian, etc) (Specify)	2000	IC											
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USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. COUNTY CITY, TOWN, OR LOCATION STRE Middle Last MOTHER—MAIDEN NAME 15b. Clark MAILING ADDRESS (Street or 18b. 2201 Pardee P1. AMILING ADDRESS (Street or 18b. 2201 Pardee P1. OTHER (Specily) CEMETERY OR CREMATORY—NAME 19b. Memory Gardens NAME AND ADDRESS OF FACILITY 20b. Sunker Hortuary Wiedge, death occurred at the time, date and place and ated. Day, Yr.) HOUR OF DEATH 21c. Before 10:00am SPHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) KIND OF BUS KIND OF BUS Lab. CITY, TOWN, OR LOCATION STRE MOTHER—MAIDEN NAME 15c. Last Vegas 15d. 15d.	During Most of KIND OF BUSINESS OR INDUSTRY 14b. 1201 15d. 17. 17. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 10. 10. 10. 10. 10. 10.	STREET AND NUMBER STREET AND NUMBER 15d 2201 Pardee P1. STREET AND NUMBER 15e. Yes MAKE First Middle Last Phillips (Street or R.F.D. No., City or Town, State, Zip) Las Vegas, Nevada LOCATION City or Town State 19c. Las Vegas Nevada 25 Las Vegas Blvd. No. State 19c. Las Vegas Nevada On the basis of examination and/or investigation, in my opinion death ocat the time, date and place and due to the cause(s) stated. Sture and Title) E SIGNED (Ma., Day, Yr.) HOUR OF DEATH 22c.	USUAL OCCUPATION (Give kind of Work Done During Most of Work Done During Most of Working Life, Even if Retired) 13. 016-03-4850 RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER (Specify Yes or No.) 15a. Nevada 15b. Clark 15c. Las Vegas FATHER—MAME First Middle Last MOTHER—MAIDEN NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last MALLING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18a. Linda Newbarker (Ightr) 18b. 2201 Pardee P1. Las Vegas, Nevada 89104 BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME 19a. Cremation 19b. Memory Gardens FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Suchy) NAME AND ADDRESS OF FACILITY 20a. Date Signed (Mo., Day, Yr.) HOUR OF DEATH 21c. Before 10:00am NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 22d. ON PRONOUNCED DEAD (Hour) 22d. ON PRONOUNCED DEAD (Hour) 22d. ON PRONOUNCED DEAD (Hour) PRONOUNCED DEAD (Hour) 22d. AT	SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14a	SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 13. 016-03-4850 RESIDENCE-STATE COUNTY CITY, TOWN, OR LOCATION ISD. Las Vegas ISTREET AND NUMBER INSIDE CITY LIMIT (Specify Yes or No. 156, 2201 Pardee Pl. 15e, Yes Test Middle Last MOTHER-MAIDEN NAME FIRST Middle Last MOTHER-MAIDEN NAME ISD. Las Vegas ISD. L	The second second		9	U.	S.A.		(Specif	Wido	wed		11.			1	Specify Yes or No) 2.
COUNTY CO	STREET AND NUMBER 15d 2201 Pardee MOTHER—MAIDEN NAME 17. 17. Mary DDRESS (Street or R.F.D. No., City or Town, S. O1 Pardee Pl., Las Vegas, NAME LOCATION 19c. Las 19c. Las 11truary 22a. On the basis of examination and/or intat the time, date and place and due to (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22d. ON 22d. ON 22d. ON 22d. ON	STREET AND NUMBER 15d 2201 Pardee P1 15e. Yes AME First Middle Last Phillips (Street or R.F.D. No., City or Town, State, Zip) Las Vegas, Nevada LOCATION City or Town State 19c. Las Vegas Nevada 19c. Las Vegas Nevada On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. BYTHE STREET AND NUMBER (Specify Yes or No.) 15e. Yes 16e.	13. 016-03-4850 14a. Secretary COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER STREET AND NUMBER COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER COUNTY COUNTY COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER COUNTY CO	13. 016-03-4850 RESIDENCE-STATE COUNTY ITSO. Secretary RESIDENCE-STATE COUNTY ITSO. Last ISS. Last MOTHER—MAIDEN NAME First INSIDE CITY LIMIT Specify Yes or No. 15e. Last MOTHER—MAIDEN NAME First Middle Last MOTHER—MAIDEN NAME MOTHER—MAIDEN NAME First Middle Last MOTHER—MAIDEN NAME Iso. Las Vegas, Nevada State Iso. Las Vegas, Nevada State Iso. Las Vegas Nevada Iso. Las Vegas Nevad	13. 016-03-4850 RESIDENCE—STATE COUNTY CITY. TOWN. OR LOCATION STREET AND NUMBER ISSUECTY LIMIT STREET AND NUMBER ISSUECTY Yes or No. 15a. Nevada 15b. Clark 15c. Las Vegas Father—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last Mother—MAIDEN NAME First Middle Last Mother—MAIDEN NAME Middle Last Mother—MAIDEN NAME First Middle Last Mother—MAIDEN NAME Middle Last Mother—MAIDEN NAME First Middle Last Mother—MAIDEN NAME Middle Last Middle Last Mother—MAIDEN NAME Nevada 19a. Cremation, Removal, Other (Specify) State Doctrino State Doctrino State Nevada 19a. Cremation City or Town. State 19b. Memory Garden 19c. Las Vegas, Nevada 22a. Other beas of examination and/or rivestigation,	SOCI	AL SECURITY NUMBER	U	SUAL OCCUP	PATION (Giv	ve Kind of				KIND C	F BUSINESS	OR INDUST	RY		
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Middle Last MOTHER—MAIDEN NAME 17. Maint) MAILING ADDRESS (Street or 18b. 2201 Pardee Pl., 18b. 2201 Pardee	MOTHER—MAIDEN NAME 17. MATY DORESS (Street or R.F.D. No., City or Town, S. Ol Pardee Pl., Las Vegas, Name LOCATION 19c. Las LILITY 925 Las Vegas Blv Las Vegas, Nevada 22a. On the basis of examination and/or im at the time, date and place and due to (Signature and Title) DATE SIGNED (Mo., Day, Yr.) PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22d. ON	15d 2201 Pardee Pl. 15e. Yes	15a. Nevada 15b. Clark 15c. Las Vegas FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last Phillips NFORMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18a. Linda Newmarker (dghtr) 18b. 2201 Pardee Pl., Las Vegas, Nevada 89104 BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation 19b. Memory Gardens FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) NAME AND ADDRESS OF FACILITY 20a. 20b. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON PRONOUNCED DEAD (Mo., Day, Yr.)	15a Nevada 15b Clark 15c Las Vegas 15d 2201 Pardee Pl 15e Yes	15a. Nevada 15b. Clark 15c. Las Vegas 15d. 2201 Pardee PI. 15e. Yes FATHER—NAME First Middle Last MOTHER—MAIDEN NAME 16. Hartin Small 17. Hary Phillips MAILING ADDRESS (Street or R.F.D. No., City or Town. State, Zip) 18a. Linda Newmarker (dghtr) 18b. 2201 Pardee PI., Las Vegas, Nevada BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. Memory Gardens FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) Phillips MAILING ADDRESS (Street or R.F.D. No., City or Town. State, Zip) 18b. Location City or Town State 19c. Las Vegas Nevada 19c. Las Vegas Nevada 20a. Department of the cause(s) stated. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 22a. On the basis of examination and/or investigation, in my opinion death of at the time, date and place and due to the cause(s) stated. 22a. On the basis of examination and/or investigation, in my opinion death of at the time, date and place and due to the cause(s) stated. 22a. On the basis of examination and/or investigation, in my opinion death of at the time, date and place and due to the cause(s) stated. 22a. On the basis of examination and/or investigation, in my opinion death of at the time, date and place and due to the cause(s) stated. 22b. Date SiGNED (Mo., Day, Yr.) Phonounced Dead (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22d. On NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. PAGE SIGNED (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22d. On DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DATE RECEIVED B			COUNTY	3700	000	CITY.	TOWN, OR L	OCATION						11	NSIDE CITY LIMITS
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Small IT. MAILING ADDRESS (Street or 18b. 2201 Pardee Pl., OTHER (Specify) CEMETERY OR CREMATORY—NAME 19b. MEMORY Gardens FOR Person Acting as Suchi NAME AND ADDRESS OF FACILITY 20b. Sunker Hortuary 20b. Las Ve. 22a. On the basis at the time, date and place and at the time, date and place and at the time. A public of the basis at the time. A public of th	17. Itary DDRESS (Street or R.F.D. No., City or Town, Street or R.	(Street or R.F.D. No., City or Town, State, Zip) Las Vegas, Nevada 89104 LOCATION City or Town State 19c. Las Vegas Nevada 25 Las Vegas Nevada On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. ature and Title) SIGNED (Mo., Day, Yr.) HOUR OF DEATH 22c.	16. Hartin Small 17. Hary Phillips NFORMANT—NAME (Type or Print) NBALING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18a. Linda Newmarker (Johtr) 18b. 2201 Pardee Pl., Las Vegas, Nevada 89104 BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION City or Town State 19a. Cremation 19b. Memory Gardens 19c. Las Vegas Nevada FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) NAME AND ADDRESS OF FACILITY 925 Las Vegas Blvd. No. 20a ➤ 20b. Sunker Mortuary 22a. On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. (Signature and Title) ➤ 22b. 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 22d. ON 22e. AT	INFORMANT—NAME (Type or Print) INFORMANT—NAME (Type or Print)	16. Martin Small 17. Mary Phillips 18. Informant—Name (Type or Print) 18. Linda Neumarker (dahtr) 18. 2201 Pardee Pl., Las Vegas, Nevada 89104 19. Las Vegas Nevada 89104 19		and a delican	150. 41			150	Last 9		ER-MAIDI	EN NAME	First)1 [G1			327.0
MAILING ADDRESS (Street or 18b. 2201 Pardee P1. ACTUAL PROPERSION Acting as Such) Weldge, death occurred at the time, date and place and at the time, date	OT Pardee PI. Las Vegas, NAME LOCATION 19c. Las ILITY 925 Las Vegas BIV 19c. Las	(Street or R.F.D. No., City or Town, State, Zip) Las Vegas, Nevada 89104 LOCATION City or Town State 19c. Las Vegas Nevada 25 Las Vegas Blvd. No. 25 Las Vegas Blvd. No. 26 Vegas, Nevada On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. 26 SIGNED (Mo., Day, Yr.) HOUR OF DEATH 22c.	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2201 Pardee Pl. Las Vegas, Nevada 89104 18b. 2201 Pardee Pl. Las Vegas, Nevada 89104 19a. Cremation 19b. Memory Gardens 19c. Las Vegas Nevada 19c. Las Vegas Nevada 19d. Person Acting as Suchi NAME AND ADDRESS OF FACILITY 20a. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 10c. Before 10:00am NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Mount) 22d. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. 22d. On the Date SIGNED (Mo., Day, Yr.) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Mount) 22d. On 22d. On 22d. AT	INFORMANT—NAME (Type or Print) 18a. Linda Newmarker (Gahtr) 18b. 2201 Pardee Pl., Las Vegas, Nevada 89104 BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation 19b. Memory Gardens FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 19b. Memory Gardens FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. Date Signature and Title) 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 22b. Date Signature and Title) 21c. Before 10:00am 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. REGISTRAR Date Received by Registrar (Mo., Day, Yr.) Date Received by Registrar (Mo., Day, Yr.) Date Date Date Disease Contraction City or Town, State, Zip) Las Vegas, Nevada 19c. Las Vegas Blvd. No. 22a. On the basis of examination and/or investigation, in my opinion death of at the time, date and place and due to the cause(s) stated. 22a. On the basis of examination and/or investigation, in my opinion death of at the time, date and place and due to the cause(s) stated. 22b. Signature and Title) 22c. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Mo., Day, Yr.) 22c. AT PRONOUNCED DEAD (Mo., Day, Yr.) Date Received by Registrar (Mo., Day, Yr.) Date Received by Registrar (Mo., Day, Yr.) Date Date Death Due to Communicable disease	INFORMANT—NAME (Type or Print) 18a. Linda Newmarker (dghtr) 18b. 2201 Pardee Pl., Las Vegas, Nevada 89104 BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation 19b. Memory Gardens 19c. Las Vegas Nevada 19c. Las Vegas Nevada 19c. Las Vegas Nevada 19c. Las Vegas Nevada 19d. Name And Address of Facility 20a > 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 23				MAN THE SEC										196. d	114
Wedge, death occurred at the time, date and place and ated. NOTHER (Specify) Wedge, death occurred at the time, date and place and ated. Pay, Yr.) HOUR OF DEATH 21c. Before 10:00am S PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 18b. 2201 Pardee Pl., 18b. 2201 Pardee Pl., 18b. 2201 Pardee Pl., 222a. On the basis at the time, date and place and at the time, date and	O1 Pardee Pl., Las Vegas, NAME ICOCATION 19c. Las ILITY 925 Las Vegas Blv Las Vegas, Nevada 22a. On the basis of examination and/or im at the time, date and place and due to (Signature and Title) DATE SIGNED (Ma., Day, Yr.) PRONOUNCED DEAD (Ma., Day, Yr.) 22d. ON 22d. ON 22d. ON	Las Vegas, Nevada 89104 LOCATION City or Town State 19c. Las Vegas Nevada 25 Las Vegas Blvd. No. 28 Vegas, Nevada On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. 19c. Las Vegas Nevada On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. 19c. Las Vegas Nevada On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. 19c. Las Vegas Nevada On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and place and place and due to the cause(s) stated. 19c. Las Vegas Nevada	Burial, Cremation, Removal, Other (Specify) Cemetery or Crematory—Name Location City or Town State 19a. Cremation 19b. Memory Gardens FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) Name of Attending (Signature and Title) 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) POATE SIGNED (Mo., Day, Yr.) AME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. 18b. 2201 Pardee Pl., Las Vegas, Nevada 89104 Burial, Cremation 19c. Las Vegas Nevada 19c. Las Vegas Nevada 22a. On the basis of examination and/or investigation, in my opinion death ocat the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME 19a. Cremation FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) NAME AND ADDRESS OF FACILITY 20a. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. NAME AND ADDRESS OF FACILITY 925 Las Vegas Blvd. No. Las Vegas, Nevada 22a. On the basis of examination and/or investigation, in my opinion death of at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DATE DEATH DUE TO COMMUNICABLE DISEASE	BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME DATE SIGNED (Ma. Day, Yr.) State 19a. Cremation FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) NAME AND ADDRESS OF FACILITY 20a. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Ma. Day, Yr.) PODATE SIGNED (Ma. Day, Yr.) PRONOUNCED DEAD (Ma. Day, Y			1		Sme	311	MAILING A			10.		No City or	Town St		Lips
CEMETERY OR CREMATORY—NAME 19b. MEDIOTY Gardens NAME AND ADDRESS OF FACILITY 20b. Sunker Mortuary Wiledge, death occurred at the time, date and place and at dead. Pay, Yr.) HOUR OF DEATH 21c. Before 10:00am 3 PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 22d. ON	DATE SIGNED (Mo., Day, Yr.) PRONOUNCED DEAD (Mo., Day, Yr.) LOCATION 19c. Las 19c.	LOCATION City or Town State 19c. Las Vegas Nevada 25 Las Vegas Blvd. No. 25 Las Vegas Blvd. No. 26 Sepas Nevada On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. 26 SIGNED [Mo., Day, Yr.] HOUR OF DEATH 22c.	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation 19b. Memory Gardens 19c. Las Vegas Nevada 20a. NAME AND ADDRESS OF FACILITY 20b. Sunker Hortuary 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. PRONOUNCED DEAD (Mo., Day, Yr.) 21d. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22d. O	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation 19b. Memory Gardens 19c. Las Vegas Nevada 19c. Las Vegas Nevada 19c. Las Vegas Nevada 19c. Las Vegas Nevada 20a. Date Signature and Title) 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 21b. Date Signature and Title) 21c. Before 10:00am NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. REGISTRAR Date RECEIVED BY REGISTRAR (Mo., Day, Yr.) Date of Communicable Disease 19c. Las Vegas Nevada 22a. On the basis of examination and/or investigation, in my opinion death of at the time, date and place and due to the cause(s) stated. (Signature and Title) 21b. Date Signed (Mo., Day, Yr.) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22d. ON 22d. ON Date RECEIVED BY REGISTRAR (Mo., Day, Yr.) Death Due To Communicable Disease	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation 19b. Memory Gardens 19c. Las Vegas Nevada 19c. Las	INFOR	MANT—NAME TYPE OF FINA	"												*****
19b. Memory Gardens NAME AND ADDRESS OF FACILITY 20b. Sunker Mortuary 20c. Las Ve 22a On the basis at the time, date and place and at the time, date the time, date and place and at the time, date and place and date and date and place and date and	19c. Las ILITY P25 Las Vegas Blv Las Vegas, Nevada 22a. On the basis of examination and/or intention at the time, date and place and due to (Signature and Title) DATE SIGNED (Mo., Day, Yr.) PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22d. ON	19c. Las Vegas Nevada 225 Las Vegas Blvd. No. as Vegas, Nevada On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. **SIGNED [Mo., Day, Yr.]** HOUR OF DEATH 22c.	19a. Cremation 19b. Memory Gardens NAME AND ADDRESS OF FACILITY 20a. 20a. 20b. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo. Day, Yr.) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. 19c. Las Vegas Nevada 22a. On the basis of examination and/or investigation, in my opinion death oc at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo. Day, Yr.) PRONOUNCED DEAD (Mount) 22d. ON 22d. ON 22d. ON 22d. ON 22d. ON 22d. AT	19a. Cremation FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. 20b. Sumker Nortuary 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DATE SIGNED (Mo., Day, Yr.) DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE	19a. Cremation FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) NAME AND ADDRESS OF FACILITY 20a. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. REGISTRAR 24a. (Signature) DATE SIGNATURE (Or Person Acting as Such) NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24c. YES NO									rdee	Plos					
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rules and regulations governing the preparation of de of the person who is to certify the cause of death, the r, and the local registrar, permission is granted to dispigned below by the cemetery or crematory authority. emetery the funeral director may sign as sexton. Upon	OVAL, CREMATION OR OTHER D the preparation of dead human book the cause of death, the funeral direct sion is granted to dispose of this book crematory authority. Where there is visign as sexton. Upon completion the	ATION OR OTHER DISPOSITION In of dead human bodies and upon the funeral director or person to dispose of this body. The burial-hority. Where there is no full time to upon completion the permit must	DRITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION complied with all rules and regulations governing the preparation of dead human bodies and upon the signatures of the person who is to certify the cause of death, the funeral director or person as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-permit must be signed below by the cemetery or crematory authority. Where there is no full time in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must	trying complied with all rules and regulations governing the preparation of dead human bodies and upon beiving the signatures of the person who is to certify the cause of death, the funeral director or person ting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-insit permit must be signed below by the cemetery or crematory authority. Where there is no full time rson in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must	ceiving the signatures of the person who is to certify the cause of death, the funeral director or person ting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-insit permit must be signed below by the cemetery or crematory authority. Where there is no full time	nsit per son in	charge of the ce	emeter		death	occu	iii ca oi								
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rules and regulations governing the preparation of de of the person who is to certify the cause of death, the r, and the local registrar, permission is granted to dispigned below by the cemetery or crematory authority, emetery the funeral director may sign as sexton. Upon egistrar where death occurred or to the funeral director	OVAL, CREMATION OR OTHER Department of dead human book the cause of death, the funeral direction is granted to dispose of this book crematory authority. Where there is a sign as sexton. Upon completion the tothe funeral director.	ATION OR OTHER DISPOSITION on of dead human bodies and upon ath, the funeral director or person to dispose of this body. The burial-hority. Where there is no full time. Upon completion the permit must director.	DRITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION complied with all rules and regulations governing the preparation of dead human bodies and upon as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-permit must be signed below by the cemetery or crematory authority. Where there is no full time in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must rined to the local registrar where death occurred or to the funeral director.	twing complied with all rules and regulations governing the preparation of dead human bodies and upon beiving the signatures of the person who is to certify the cause of death, the funeral director or person ting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-insit permit must be signed below by the cemetery or crematory authority. Where there is no full time reson in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must returned to the local registrar where death occurred or to the funeral director.	ceiving the signatures of the person who is to certify the cause of death, the funeral director or person ting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-insit permit must be signed below by the cemetery or crematory authority. Where there is no full time rson in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must returned to the local registrar where death occurred or to the funeral director.	nsit per son in	charge of the ce	emeter egistrar	where								IAL C	APD	ENS	
rules and regulations governing the preparation of de of the person who is to certify the cause of death, the and the local registrar, permission is granted to dispigned below by the cemetery or crematory authority. Emetery the funeral director may sign as sexton. Upon egistrar where death occurred or to the funeral director MEMORY CARDENS MORTUARY AND MEMORY.	OVAL, CREMATION OR OTHER Department of dead human book the cause of death, the funeral direction is granted to dispose of this book crematory authority. Where there is a sign as sexton. Upon completion the tothe funeral director.	ATION OR OTHER DISPOSITION on of dead human bodies and upon ath, the funeral director or person to dispose of this body. The burial-hority. Where there is no full time. Upon completion the permit must director.	DRITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION complied with all rules and regulations governing the preparation of dead human bodies and upon as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-permit must be signed below by the cemetery or crematory authority. Where there is no full time in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must rined to the local registrar where death occurred or to the funeral director. MEMORY CARDENS MORTUARY AND MEMORIAL CAPDENS	ving complied with all rules and regulations governing the preparation of dead human bodies and upon ceiving the signatures of the person who is to certify the cause of death, the funeral director or person ting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-nsit permit must be signed below by the cemetery or crematory authority. Where there is no full time reson in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must returned to the local registrar where death occurred or to the funeral director. MEMORY CARDENS MOPTUARY AND MEMORIAL CAPDENS	ceiving the signatures of the person who is to certify the cause of death, the funeral director or person ting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-nsit permit must be signed below by the cemetery or crematory authority. Where there is no full time rson in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must returned to the local registrar where death occurred or to the funeral director. MEMORY GARDENS MORTUARY AND MEMORIAL CAPDENS	nsit per son in returne	charge of the ce ed to the local re	emeter egistrar	where	y GAJ	RDEN						IAL C	APD:	ENS	
rules and regulations governing the preparation of de of the person who is to certify the cause of death, the r, and the local registrar, permission is granted to dispigned below by the cemetery or crematory authority, emetery the funeral director may sign as sexton. Upon egistrar where death occurred or to the funeral director	OVAL, CREMATION OR OTHER D the preparation of dead human book the cause of death, the funeral direct sion is granted to dispose of this book crematory authority. Where there is visign as sexton. Upon completion the to the funeral director.	ATION OR OTHER DISPOSITION on of dead human bodies and upon ath, the funeral director or person to dispose of this body. The burial-hority. Where there is no full time. Upon completion the permit must director.	DRITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION complied with all rules and regulations governing the preparation of dead human bodies and upon as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-permit must be signed below by the cemetery or crematory authority. Where there is no full time in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must rined to the local registrar where death occurred or to the funeral director. MEMORY GARDENS MORTUARY AND MEMORIAL CAPDENS 1/19/84	ring complied with all rules and regulations governing the preparation of dead human bodies and upon wing the signatures of the person who is to certify the cause of death, the funeral director or person g as funeral director, and the local registrar, permission is granted to dispose of this body. The buriality permit must be signed below by the cemetery or crematory authority. Where there is no full time on in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must turned to the local registrar where death occurred or to the funeral director. MEMORY CARDENS MORTUARY AND MEMORIAL CAPDENS (Negre gl-Gemetery-of Crequetory)	ving the signatures of the person who is to certify the cause of death, the funeral director or person g as funeral director, and the local registrar, permission is granted to dispose of this body. The burial- it permit must be signed below by the cemetery or crematory authority. Where there is no full time on in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must turned to the local registrar where death occurred or to the funeral director. MEMORY CARDENS MORTUARY AND MEMORIAL CAPDENS Of person in charge	it per on in turne	charge of the ce ed to the local re — — rson in charge	emeter egistrar	where	y GAJ	RDEN									-

Ashes buried May 14, 1984 in Dine Grove Cementery---Tombstone already there for Venneth & Virginia Wewnarker:

42800

8-309-05 The Commonwealth of Massachusetts

No. 426-06

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended) This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or

town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.
City/Town Pettsfield Date July 27 20 06
A satisfactory death certificate having been filed for
neel Graves nickerson
who died on
born on October 28, 1915 , who resided at
520 Shaw Load
Windson, Mt. 01220
and who died of athersclerofic Heart Disease
Permission is hereby given for (check all appropriate boxes):
[] Removal from:
IN Disposition at: Pune Grove Cemetery - Middlefield, m. A.
[] Transportation to:
Permission is hereby given to:

R-309-05

No. 426-06

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly or	ratio set
to Pittsfield Health Dept.	
70 Anon St-Pittsfield	61201
City/Town of	Mass.
Name of Decedent	
If a U.S. War Veteran, specify what war, organizati	on, etc.
No	
=======================================	
ENDORSEMENT	
(To be filled in by cemetery or crematory official)	
I hereby certify that the body accompanying this p	permit was
disposed of in accordance with its terms	
(Name of cemetery or crematory) (City/Town)
on	
Final Disposition	
Certified by(Signature of Superintendent, cemetery or cremator	ory)
If there is no officer in charge, funeral director must sign and	return this stub.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to DERY FUNERAL HOM	8
Name of deceased DULCIE TERESA OUT	£
Age 62 years months	days
Place of death MIDDLEFIELD	
Date of death 1047 22 1986	
Cause of death HEART FAILURE	******
Interment at PINE GROVE CEMETER	=y-
Date permit issued UULY 23, 1986	
The state of the s	
Certified by	M. D.

wine seron Sec. A, # 30 1/9

STATE OF FLORIDA DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES VITAL STATISTICS

APPLICATION FOR PERMIT TO DISINTER, TRANSPORT & REINTER

A. Application is hereby made for a permit to DISINTER, TRANSPORT & REINTER the following human remains: (Type or Print)

1.	Name	First	Middle	e Last	E	Date	Month	Day	Year
	of Deceased	GEORGE	W.	OLDS		of Death	Dec.	25,	1989
2.	Place	County	City,	Town or	Location		Age	Race	Sex
	of Death	Lee	Cape Cora	1			88	White	Male
3.	Place of		Cemete	ery		1	Addres	S	
	Original - Burial - St	orage	Cape Coral	Funeral Ho	ome		el Prado E oral, Fl.		
4.	Place		Cemete				Addres	S	
	of	Pine	Grove Ceme	tery		Midd	llefield,	Mass	
	Reinterme				//				
5a.	Funeral D						Addres	S	
	Direct Di	sposer	Raymond T.	Cowan		82	20 Pondell	a Road	
	Disinterr		310000 2010-01-01-01-01-01-01-01-01-01-01-01-01-			No	orth Ft. M	lyers, F1.	33903
5b.	Funeral D	네 [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2					Addres	S	
	Direct Di		Larry Keef	ner		54 Brad	lford Stre	et	
	Reinterri						eld, Mass	. 01201	
6.	Funeral D	and the second s	Signat	ure,	Fla.Lic.N	No./Reg	.No.	Date	Signed
	Direct Di Making Ap		n Tay	17.6	2436	5		6/5/19	90
		DDD	MITT TO D	CTNMED	#PANGBORG		· · · · · · · · · · · · · · · · · · ·		
90		PER	MIT TO D.	ISINTER,	TRANSPORT	r & REII	NTER		
В.	Permission		eby grant	ed to Di		TRANSPO	2000 200 DESCRIPTION	NTER the	
abor									
abo			20		Pe	ermit No	. 46	-90-00	12

b. Fermission is nevery granted to DistNick	, TRANSPORT &	KEINTER CHE
above human remains:		•
8	Permit No.	46-90-002
Registrar or Sub-Registrar	Section 1	
Registrar or Sub-Registrar Signature Many for Holley Dep Reg.	Date Issued_	June 5, 1990

C. Endorsement of Cemetery Agent

For Disinterment:	Date: 6/11/9	o Gemetery CAPE COLAC Fracel Hon
STORAGE		Agent Kung T. Co
For		
Reinterment:	Date:	Cemetery
		Agent:

This Permit must be surrendered by the Funeral Director/Direct Disposer to the Cemetery Agent where reinterment is made. The Cemetery Agent (or Funeral Director/Direct Disposer if there is no sexton) must forward this Permit within 10 days to the local County Health Department in the County where reinterment occurred.



State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

ics A-30 Enteredy

APPLICATION FOR BURIAL — TRANSIT PERMIT

<u>A</u>	. (Type o	r Print)								
1	Name of	First	N	fiddle	Last	Г	DATE	Month	Day	\\\
-	Deceased	Grace	Не	elen	Olds		OF	February	Day 16,	Year 1993
2.	Place of Death County	City,	Town or Location		Name of Hosp. or	(If neither, give s	treet a	address)		
-	Lee	Cape	Coral		Inst.	Cape Coral H	lospi	tal		
٥.	Name of Medical Certifier		Med	dical Examiner		Address	1		hone I	Number
	Richard F. Ki	irlev. M.D.	V Dhu	ololon 1501 1	17.3	F 520 10		5	574-1	.988
4.	Name of Funeral Ho	ome/		sician 1501-1	Viscaya P	kwy., Cape C	oral	, FL 3399	10	
	Direct Disposer Ha	rvey-Engelha	rdt's 3453	Hancock Bri	dge Pkwy.	Fla. Lic. No./Reg	g. No.	Phone Number	er (Are	a Code)
=	N. Ft. Myers		N. Ft	t. Myers, FI	33903	1760		(813) 99	5-11	13
0.	Check Appro- priate Box	b KX hour	medical certification application. Dr. s after death. He/sother external cause.	Kirley's og	ffice this death was	was contains from natural ca	cted o	n <u>2/16/93</u> that there wa	L \	within 72
		and	sign the medical ce	rtification of caus	e of death.		me_		_ Will (Jompiete
		с 🗆				was contacted on		He/s	he ver	ified tha
		mad	cal certification.			, Medical Ex	amine	r, will comple	te and	sign the
6.	Place of we also s									
2000	Place of Middlef Final Disposition:	ield, Mass.	In state cem	name/county:		T		noval n state		Donation
7.	Funeral Director/	11	Signature		F.E.	. No./Reg. No.	X I II OI		e Signe	
	Direct Disposer	(Jana) G	Hames	<u> </u>		3656			16/9:	
B.			BUR	IAL - TRANSI	E PERMIT					
	Permission is herel	by granted to disp					Perm	nit No. <u>1760</u>	0-459	}
		will be filed with the ne for filing the de	ng the death certification in the limit. If the ne Local Registrar ceath certificate requirements are the certificate requirements.	of the County in w	hich death occ		ne limi	t, a "Funeral [Directo	or/Direct
C.	20	AUTHOR	IZATION for CRE	EMATION, DISS	ECTION or B	URIAL-AT-SE	A			
	Signature			, Medical E	xaminer D	ate				
	or Madical Evaminar				a 24 80 80 80 W					
	Medical Examiner, _		FILIPORE	Divo otay / Divo at	D:					
	The Medical Examin death is required for	ers approval mu	st be obtained bef	fore disposal by	any of the abo	Dateove methods. A v	waiting	period of 4	8 hou	rs after
D.),	200	СЕМІ	ETERY OR CRE	MATORY					
	Methods of Disposition	on:			DI					
	□ BURIAL		F			sition				
		OTHER (Date of Dispos	sition	-			
,	Signature of Sexton or Person-in-Charge)								
		928								

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local HRS County Public Health Unit in the County where disposition occurred.

R-309



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

	291	
No.		

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.) (This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.) (City or town) A satisfactory sertificate of death having been filed, permission is hereby given to (Address) for the removal from ... , and the interment (To be filled out in case of remova (Give full name of deceased) (Month) / . years, months, days. If a U. S. War Veteran, specify what war, organization, etc.... Residence at time of death

> (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town bettagisla Dallor 6 20 03
A satisfactory death certificate having been filed for
Elizabeth Colherine Mary Cligny
who died on Jov. 4 2003 US War Veteran
born on July 5, 1927, who resided at
278 5 kyline Trail
middle field MA 01243
and who died of Car Siopulmanary area
Permission is hereby given for (check all appropriate boxes):
[] Removal from:
(Disposition at: Line Grave Cametery Middlefield
name and address of cemetery or crematory
[] Transportation to:
Permission is hereby given to:
Derry Funeral Home
54 Bradford St. Cittageld MA
Manual address of facility
Signardire of Board of Health Agent, or, in Jowns where there is no Board of Health, of Town Clerk)

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

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2
•

(To be filled in by cemetery or crematory official)

hereby certify that the body accomp disposed of in accordance with its tern	
(Name of cemetery or crematory)	(City/Town)
on	
Final Disposition	
Certified by(Signature of Superintendent, o	emetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

EDWARD J. CRONIN







Division of Vital statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death toyibly written in durable black ink.

A satisfactory certificate of death having been filed, permission is hereby given to

Compared the land of the land of the land of the interment of the land of land o

(City or town)

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death

+ rances m. Telean nu.

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

BURIAL (OR REMOVAL) PERMIT

This Cou	ipon to be returned	immediately, pro	perly Adorsed,	
to	(Office, i	ssuing permit)	A	
City or Town		men	2601	Mass.
Name of dec	eased	re a	den	el
	Var Veteran, s		war, organiz	ation,
etc				

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	Pin Drove Cometure (Name of cemetery or crematory)	1
on	July 15 1946	
Cei	rtified by (Signature of Superintendent, cemetery or cremator	 ry)

18-309-00 The Commonwealth of Massachusetts

No. 003

or, in towns where there is no Board of Health, of Town Clerk)

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

A satisfactory death certificate having been filed for ... US War Veteran Permission is hereby given for (check all appropriate boxes): [] Transportation to: name and address of immediate destination of remains Permission is hereby given to:

R-309-08

003

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Marid . 0 H. 1.11.

to/	(Office issuing permit)	
City/Town of	Chester Charlotte D	Mass.
Name of Deceder	n Charlotte D	. Pease
If a U.S. War	Veteran, specify what war,	organization, etc.
======	=========	
	ENDORSEMENT	
	To be filled in by cemetery or crematory off	licial)
I hereby certify	that the body accompany	ing this permit was
	ccordance with its terms	
	cemetery or crematory)	(City/Town)
on		
Final Disposition		
Certified by	Signature of Superintendent, cemeter	ry or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

Issued to F.C. Haley	
Name of deceased Harry E. Feare	
Age 84 years 8 months 25	days
Place of death middlefile.	
Date of death March 15, 1947	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Cause of death Ventriolar filidlate	óq.
Interment at Man Cemetery	***************************************
Date permit issued Juan Sci 17, 1947	
Certified by George Vash	M.D.

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 429

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance, of a satisfactory certificate of death, printed or typed in durable black ink.)

City or town) July 5.... 19.9.4

A satisfactory certificate of death having been filed, per	mission is hereby given to
Bruse H. Juman. 5	25 main IT. Walto
(Name)	(Address) 0/22(
for the removal from	and the interment
for the removal from	ery in Middle field of the
body of Gran W. Classe (Give full name of deceased)	who died . July 4 19 9.2
(Give full name of deceased)	(Month) (Day) / (Year)
age79years, months,	
Cause of death Cardiac Gri	lasthmia
	1
If a U. S. War Veteran, specify what war, organization,	etc

Residence at time of death . Starry alarge Ud. Middle

(Signature of Agent of Board of Health, or, in towns where there is no
Board of Health, of Town Clerk)

R-309

No. 429

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

1/2 1th 100h A.

			to	-	10	ffice issuin	g permi	t)	1	7	
Ci	ty	or 7	Γow	n of	<i>E</i>	it	Les	(il	ld	2	Mass
					d Dre						
If	a	U.	S.	War	Veteran,	specify	what	war,	organ	ization	, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was

disposed of	in accordance with its terms	
at		
	(Name of cemetery or crematory)	(City or town)

Certified by (Signature of Superintendent, cemetery or crematory)



Division of Vital Statistics

SECRETARY OF THE COMMONWEALTH

OFFICIAL BURIAL (OR REMOVAL)

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.] MIODLEFIELD H

A satisfactory certificate of death having been filed, permission is hereby given to (Address) for the removal from, and the interment (To be filled out in case of removal) If a U. S. War Veteran, specify what war, organization, etc. (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

	Section	19.	PLOT	10,	130-	No.
R-309	ceció		V posterior			echnicals/2003 beautiful.
				No	/	

This	coupon	to	be	returned	immediately,	properly	endorsed
T 15.00	compon	-	00	, or m. 110m		b b	

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	(Name of cemetery or crematory) (City or town)
on	APRIL 15 1997
Cer	rtified by Comy Llase Cem. ComM (Signature/of Superintendent, cemetery or crematory)

R-309

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

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N.5	 	

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Middle	field, Ma	August 3, 2011
A satisfactory certificate of death	having been filed, permission	is hereby given to
Firtion-Adams	76 Broad St.	··· Westfield, Ma ·····
for the removal from	(To be filled out in case of removal)	, and the interment
at Pine Grove Cem		
body ofMauriceHP	Basewho die	d .July31 19 2011
age79,years,	months,	days.
Cause of death Pancreat	ic Cancer	
If a U. S. War Veteran, specify who	at war, organization, etc	(orean War

Residence at time of death 24.6. Skyline 7Trail Middlefield

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk) R-309

No.	 	 	

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

	to _	(O	ffice issuin	ig permit)		
City or T	own of					Mass.
Name of	deceas	ed				
If a U.	S. Was	Veteran,	specify	what war,	, organization	, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

l dis	here posed	by c	ertify in acco	that the	body ac with its	company terms	ing this	permit	wai
at			(Name	of cemeters	or cremator	,)		ity or tow	m)
on									
Ce	rtifie	d by			ire of Superin				

R-309-10 The Commonwealth of Massachusetts No. 469-11

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)	Γ
This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city o town in which the death occurred AFTER the Fig.BiG and acceptance of a satisfactory certificate of death, printed or typed in permanent black in	
City/Town Pittsheld Date Aug 25 20 11	
A satisfactory death certificate having been filed for Pease	,
who died on August 24, 2011 US War Veteran 100	
born on January 28 1930 , who resided	at
246 Steffine Vail	
Middle Field MA 01243	
and who died of Respiratory failure	
Permission is hereby given for (check all appropriate boxes):	
1 Removal from: name and address of original disposition PIVL GIVE CEMETERY MICHIEF FELC name and address of cemetery or creeplatory	o,m
Transportation to:	
Permission is hereby given to:	
tiction-Adams L.S.	
The Broad St. Westherd MA	

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

R-309-10

No. 469-11

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed
Pittsfield Health Dept.
70 Aller Street
Division Street
City/Town of Pittsfield, MA 01201 Mass.
Name of Decedent Mancy C Feast
If a U.S. War Veteran, specify what war, organization, etc.
=======================================
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at
(Name of cemetery or crematory) (City/Town)
on
Final Disposition
Certified by(Signature of Superintendent, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

The Commonwealth of Massachusetts JOHN F. X. DAVOREN





Division of Vital Statistics SECRETARY OF THE COMMONWEALTH

No.340

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black inks.]

(Cityfor town)

(Date)

Board of Health, of Town Clerk)

A satisfactory certificate of death begins by a classification of death by a classification of
A satisfactory certificate of death having been filed, permission is hereby given to
Sruce of Grunan Rollon, mass
(Address)
for the removal from, and the interment
at Fine XTrens
at Line Grove Cemetery in Maddiffield, Mars
body of folder full name of deceased) who died forme 11 19 7
(Give full name of deceased) Who died (Month) (Day) (Year)
ageyears, months, days.
days.
Show the state of
Cause of death Myocardese Infaretin
If a II S Way Veteran (C.)
If a U. S. War Veteran, specify what war, organization, etc.
0/ 1: 1: 1: 1
Residence at time of death Huntington St. Chester Mark
The state of the s
and have the second
and My Mucharo
(Signature of Agent of Board of Health, or, in towns where there is no

KEVIN H. WHITE



SECRETARY OF THE COMMONWEALTH

No.

OFFICIAL BURIAL (OR REMOVAL)

Division of Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.) [This permit can be signed only by the agent of the Board of Health (or in towns

where there is no Board of Health by the town clerk) of the city or town in which the death accurred AFTER the FILING and acceptance of a satisfactory certificate

Board of Health, of Town Clerk)

(Date) A satisfactory certificate of death having been filed, permission is hereby given to (Name) (Address) for the removal from and the interment (To be filled out in case of removal) ... Cemetery in (Give full name of deceased) (Month) (Day) (Year) If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death (Signature of Agent of Board of Health, or, in towns where there is no

of death, Lapibly written in durable black ink.]

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

	7
No	ν
140.	

Division of Vital Statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.) This permit can be signed only by the agent of the Board of Health (or in towns where

there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink. (City or town (Date)

A satisfactory certificate of death having been filed, permission is hereby given to	
1. Edward Wing In Pettstere Mass.	
for the removal from Mudellifeld (Address)	
at This Group Cemetery in Midelfafiel, of the	
body of Chrone Fillmon Fillery who died Ded 13 1969	3
age 72 years, 2 months 19 days	•
Cause of death Carcimona Stomach	8
If a U. S. War Veteran, specify what war, organization, etc.	
Residence at time of death	
(Signature of Agent of Board of Health, or, in towns where there is no	
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)	



The Commonwealth of Massachusetts EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

	3
No	K
140.	

Division of Vital Statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acetylance of satisfactory certificate of death, legibly written in durable black ink.

A satisfactory certificate of death having been filed, permission is hereby given to	
Gred & Heiley Chester	
(Name) (Address)	
for the removal from Mullipel 4, and the intermet	nt
(To be filled out in case of removal)	
at the drove of Cemerery in the delikete, of the	ie
body of Edgar frank Telling who died Here 20 197-	v
age 6 9 (Give full name of deceased) (Month) (Day) (Year days.	(1)
, , , , , , , , , , , , , , , , , , , ,	
Cause of death auth Myocardial Hegration	
If a U. S. War Veteran, specify what war, organization, etc.	
21.1600	
Residence at time of death	**
Cerille alderman (Signature of Agent of Board of Health or in Gwys where there is no	
(Signature of Agent of Board of Health, or, in towns where there is no	
Board of Health, of Town Clerk)	



The Commonwealth of Massachusetts EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

500

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.

(Date)

FEC. HALEY FUNERAL SERVICE HUNTING TON MA- (Name) (Address)
for the removal from
at PNE CROVE CEMETERY Cemetery in MIDDLEFIED, of the
body of ETHEL MAUDE TELKEY who died APRIL 9 19.85 (Give full name of deceased) (Month) (Day) (Year)
age 8/ years, months, days.
Cause of death SUDDEN CARDIAC DEATH
If a U. S. War Veteran, specify what war, organization, etc.
Residence at time of death SKYLINE TRAIL, MIDDLEFIELD
: Stut G. Rice

A satisfactory certificate of death having been filed, permission is hereby given to

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

The Commonwealth of Massachusetts A, Lbr 234 EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH





OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Board of Health, of Town Clerk)

A satisfactory certificate of death having been filed, permission is hereby given to
Edward & Goling
for the removal from (Name) (Address) (Address), and the interment
at fine Since Centery Cometery in Middle field , of the
body of Sun Jacob who died Com 1960 (Month) (Day) (Year)
age 6 7 years 2 months, 17 days.
Cause of death Cronwry Thrombosis
If a U. S. War Veteran, specify what war, organization, etc.
Residence at time of death Middle face
(Signature of Agent of Boards) Health or in the where there is so

The Commonwealth of Massachusetts JOHN F. X. DAVOREN



SECRETARY OF THE COMMONWEALTH

No. 5//

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns

where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate

Board of Health, of Town Clerk

A satisfactory certificate of death having been filed, permission is hereby given to (Address) (Name) and the interment for the removal from (To be filled out in case of removal) Cemetery in who died (Give full name of deceased) (Month) (Day) (Year) Residence at time of deatl (Signature of Agent of Board of Health, or, in towns where there is no

of death, printed or typed in durable black ink.]

(City or town)

BURIAL (OR REMOVAL) PERMIT

Issued to Frank Fay
Name of deceased Rosa Myrile Pelkey
Age 57 years months 30 days
Place of death Middlefield
Date of death Sept. 12.1927
Cause of death Cerebral hemorrhage Lot 9, Section A: #1 PLOT Interment at Pine Store, Middlefield
Date permit issued Sept. 13, 1927
Certified by a.a. Starbuck M.D.

BURIAL (OR REMOVAL) PERMIT

Issued to 7. C. Kalsy Name of deceased Jane Halson Gilbry
Name of deceased Jane Halson Felling
Age 82 years months days
Place of death Mindel fulf.
Date of death Feb. 1, 1957
Cause of death Cerebral Gunlary
Interment at Inw Countery
Interment at / Mass Countery Date permit issued & & . 3, 195/
Certified by John a. Haffming M.D.

// No. 4

BURIAL (OR REMOVAL) PERMIT

Issued to Hology
Issued to f. (Haling Julian)
Name of deceased Olga Elysbrift para Felties
Age 68 years 0 months / days
7 . A.
Place of death Midelle fulf
Date of death Oct. 24,1956
Cause of death Cancer of Uters
Interment at Pring Gross Centery
Date permit issued Oct - Ve 17956
**
Certified by

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

	The service of the se
	enlerg
cs	0

			No	
OFFICIAL	L BURIAL	(OR	REMOVAL)	PERMIT
(Issued under the	provisions of Chapter	114, Section	n 45, General Laws, Ter.	Ed., as amended.)
Board of Health by and acceptance	the town clerk) of the color a satisfactory certifi	city or town i cate of dea	Board of Health (or in town n which the death occurre th, printed or typed in ((Date)	nd AFTER the FILING durable black ink.) 19 .7.6
A satisfactory certificate of death			on is hereby given to BGO.MG/ (Address)	
for the removal from	(To be filled out in cas	se of removal)	2278
at Pinegrove	Cen	netery in	Middletield	
body of Joseph J.	PISCOF	· · · who d	ied Sept 2	
age Ø.O years,	months,		days.	
Cause of death Car. dia	arrest	<u></u>		
If a U. S. War Veteran, specify who				US NAUY
Residence at time of death	17 Tawn	A / /	//	Metre 1d.
	un arced	Lata	eski	
(Sig			of Town Clerk)	e there is no

R-309 SECTIONA,	PLOT # 11, (FULL)
	No

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

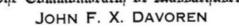
to Middlefield	1 Town Clerk
City or Town of Middle	efield Mass
Name of deceased Joseph	J. Piscar
If a U. S. War Veteran, specify	
WWII	U.S. NAVY

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was

disposed of in accordance with its terms	MIDDLEFIE
at	(City or town)
Certified by Sary Lease - Cl 10/21/96 (Signature of Superintendent, cemetery	esk Comm.
10/21/96 (Signature of Superintendent, cemetery	or crematory)





SECRETARY OF THE COMMONWEALTH

OFFICIAL BURIAL (OR REMOVAL)

Division of Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

D
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•

R-309

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 657

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING

and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

A satisfactory certificate of death having been filed, permission is hereby given to

DERY FUNERAL HOME 54BRANFORDST, PITSFIELD

(Name)

FITTSFIELD

(Address)

for the removal from

(To be filled out in case of removal)

at

(To be filled out in case of removal)

A pole filed pole (Give full name of deceased)

(Give full name of deceased)

(Month)

(Day)

(Year)

A U. S. War Veteran, specify what war, organization, etc.

Residence at time of death

(DUN HILL ROAD, MIDDLE FIELD)

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH

No.	***************************************



Vital Statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Board of Health, of Town Clerk)

A satisfactory certificate of death having been filed, permission is hereby given to F. C. Haley Clester mass for the removal from Washington (To be filled out in case of removal) and the interment at Cemetery in Mandally and, of the body of alma fotter who died 9-14 1969
(Give full name of deceased) Who died (Month) (Day) (Year) 85 vears 3 months, days. Cause of death ARTERIOSCLERATIC HEART DISEASE If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death . I have a Trail meddlefield (Signature of Agent of Board of Health, or, in towns where there is no





Division of Vital Statistics SECRETARY OF THE COMMONWEALTH

No.

Sec A

OFFICIAL BURIAL (OR REMOVAL) PERMIT

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which If the highly ofcome it AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written the durable black ink.]

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

D, MASS, (City or town) (Date) A satisfactory certificate of death having been filed, permission is hereby given to (Name) (Address) and the interment for the removal from (To be filled out in case of removal) Cemetery in Madd who died (Give full name of deceased) (Month) months, If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death ... (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)





Vital Statistics

JOSEPH D. WARD SECRETARY OF THE COMMONWEALTH

No. 5/1

OFFICIAL BURIAL (OR REMOVAL) PERMIT

of death, legibly written in durable black ink.] WESTFIELD, MASS.

(City or town)

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which it the death occurred AFTER the HILLING and acceptance of a satisfactory certificate

V
A satisfactory certificate of death having been filed, permission is hereby given to
T. C. Haley Chester
(Naple) (Address)
for the removal from
at Pini Land (To be filled out in case of removal) Cemetery in Middle field of the
Cemetery in, of the
oody of Lens (Give full name of deceased) who died Jan 2 196 (Give full name of deceased) (Month) (Day) (Year)
Give full name of deceased (Month) (Day) (Year) age
Cause of death Myorardial infarction
f a U. S. War Veteran, specify what war, organization, etc.
Residence at time of death Meddlefuld 14 Chester
Thomas F Ptonick (agut)
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)
or receive, or rown olera)

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 16

September, 7,2011

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Board of Health, of Town Clerk)

	(City or town)	(Date)
A satisfactory certific	ate of death having been filed, pern	nission is hereby given to
Bartlett-Wel	llintonFuneralSe	rvice525 Main St
for the removal from		, and the interment
	(To be filled out in case of re	emoval)
at Pine Grove	Cemetery Cemeter	Middlefield, Ma of the
body of .Catheri	neGRadwich w (Give full name of deceased)	ho died August 31 20.11
6gle yes	ars, months,	days.
Cause of death N.O	n.Small.Cell.Carci	noma·····
If a U. S. War Veteran	, specify what war, organization, e	tc
Residence at time of d	152 Skyline	Trail, Middlefield, Ma
	(Signature of Agent of Board	of Health, or, in towns where there is no

Middlefield

R-309

	16															
in							:			7	7					

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Olerk	
City or Town of Middle feel of	lass.
Name of deceased Catherin A Radiesek	<i>z</i>
If a U. S. War Veteran, specify what war, organization, et	c.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pittsfield Crematory	
(Name of cemetery or crematory)	(City or town)
on Sept. 7, 2011	
Wellington Inc.	
Certified by (Signature of Superintendent, ceme	

- Pune Grow, HOT F 14C Entered Jawal

The Commonwealth of Massachusetts

No. 376-96

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town Cittagie la Derne 29 96
A satisfactory death certificate having been filed for
Haston Colling Robert,
who died on June 19 196 US War Veteran Horlean
born on date of birth , who resided at
121 / nonne Dr.
Dalton ma 01226
and who died of
Permission is hereby given for (check all appropriate boxes):
[] Removal from:
Disposition at:
1 Transportation to:
Permission is hereby given to: Derry- Loly Luneral Home
896 C. Main St Pollon Ma 0/226
signature of Board of Health Agent, or, in towns where there is no Board of Health; of Town Clerk)

R-309

N.376-95

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Mealth Not
City or Town of Ottogram Mass.
Name of Decedent Gaston Rene Rober
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at PINE Grave MIDDlehurl (Name of cemetery or crematory) (City or Town)
on
Final Disposition
Certified by(Signature of Superintendent, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

B-7

R-309

The Commonwealth of Massachusetts JOHN F. X. DAVOREN



SECRETARY OF THE COMMONWEALTH

404

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns

where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate

Board of Health, of Town Clerk)

(Date) A satisfactory certificate of death having been filed, permission is hereby given to (Address) (Name) ... and the interment for the removal from (To be filled out in case of removal) Cemetery in ho died (Month) (Give full name of deceased) If a U. S. War Veteran, specify what war, organization, etc Residence at time of death... (Signature of Agent of Board of Health, or, in towns where there is no

of death, winted or typed in durable black ink.]

No. 91-27

OFFICIAL BURIAL (OR REMOVAL) (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and agceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Robert	E Luyer	276 North	Sr	utsheld
for the removal from .	(Name)	1-		d the interment
for the removal from .			, an	d the interment
)	(To be filled	out in case of removal)	/	

A satisfactory certificate of death having been filed permission is hereby given to

If a U. S. War Veteran, specify what war, organization, etc.

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

R-309

No. 91-27

BURIAL

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby	certify	that the	body	accompanying	this	permit	was
disposed of	f in acc	cordance	with i	ts terms			

(Name of cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

8-309-05 The Commonwealth of Massachusetts

No. 191-04

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town	Pettsfield	Date Opril 10 20 06
A satisfactory de	ath certificate having been filed fo	
•••••	Theseso for	f decedent
who died on	april 7,2006	h US War Veteran
born on	June 22, 1934 154 White Be	, who resided at
	154 White Be	ich Lane
***************************************	Hinsdale, MA.	012.55
and who died of	metastic Breast	Cancer
	reby given for (check all appropria	give immediate cause
[] Removal from		ddress of original disposition
[] Disposition a	t:	ddress of cemetery or crematory
Transportatio	in to: Pineasore Ceme	tery - middlefuld, M.A.
Fermission is he	0	
	Anoma of fa	al Home
	1 54 Brad	ford Street, Pettsfield, M.A. 016
	Lkilip Clo	Camon C+

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endurated
to Pittsfield Health Dept. 70 Allen St-Pittsfield 0/20/
City/Town of Mass.
Name of Decedent Theresa & Robert
If a U.S. War Veteran, specify what war, organization, etc.
No
FURGRAFIE

ENDORSEMENT

(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at (Name of cemetery or crematory) (City/Town)
on
Final Disposition
Certified by(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

The Commonwealth of Massachusetts JOHN F. X. DAVOREN

SECRETARY OF THE COMMONWEALTH -

No. 7/9

OFFICIAL	BURIAL	(OR	REMOVAL)	PERMIT
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(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

	o, acam, program	ttofield	Dec.	10 1975
		(City or town)	(Date)	
30	certificate of deal	th having been filed, pe	rmission is hereby g	riven to
	(Name)	92	(Address)	
	from('To	be filled out in case of remo	and th	
gr	ove	Cemetery in	middleful	L, of th
La	ldine Bor	beau Robert w	ho died Dec	9 197V Day) (Year
		months, /2		Jay, (Tear
th à	Lymphoma	with metasta	all and keep	iratory
		what war, organization		
tim	e of death 130	Richard D	Dr. Pitts	field

(Signature of Agent of Board of Mealth, or, in towns where there is no Board of Health, of Town Clerk)

R-309

No. 7/9

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed
to Health Dept
Office issuing permit)
City or Town of Mass
Name of deceased Mbaldine Barbean Robert
If a U. S. War Veteran, specify what war, organization, etc.
$\mathcal{I}_{\mathcal{I}_{\mathcal{I}_{\mathcal{I}}}}$

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

40	(Name of cemetery	(City or town)
on		
~		

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 16

No.

OFFICIAL	BURIAL	(OR	REMOVAL)	PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

(Signature of Agent of Board of Health, or, in towns where there is no

Board of Health, of Town Clerk)

(City or town)

Manager Control of the Control of th	(City or town)		(Date)	
A satisfactory certificate of c	leath having been filed, permis	sion is hereby g	iven to	
Deny runeral	Home 54	Bradford	Street.	Pitts fiel
for the removal from	75 Skyline Tra	(Add	dress)	
at Pine Grove	(City or town) leath having been filed, permis Home 54 To be filled out in case of remove the company of the	middlet	ield	of the
body of Henry E.	Rock	died Sept	5	2612
79 (Give ful	l name of deceased)	(Month)	(Day)	(Year)
Cause of death Rena	months,	····· days.		
Cause of death				
If a U. S. War Veteran, specif	y what war, organization, etc			
Residence at time of death .	175 Skyline Tr	a;		

R-309

			1	-	(0	,					
No.												

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to	(Office issuing permit)	
City or Town of	Ma	ss.
Name of decease	ed	
If a U. S. War	Veteran, specify what war, organization, etc.	

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompany disposed of in accordance with its terms	ying this permit was
at(Name of cemetery or crematory)	(City or town)
on	
Certified by(Signature of Superintendent, ce	metery or crematory)

H105.012- (Rev. 3/80) Commonwealth of Pennsylvania Division of Vital Records Full Name of Deceased	PER	MIT		Burial or (Other Disposition
		Date of Birth	Age	Sex	Date of Death
Margaret M. Rock		April 58.	33	Female	July 10
Cardiac Argest				an Status or No) No	Race White
Place of Death	City, Boroug	h, Township		Cou	
129 W. Maple St.	Cled	ona			Lebanon
Authorized Disposition (Check appropriate box)			Name of Commo	on Carrier	Devanon
Burial Cremation Humanity Gifts Removal Disinterment Date of Disposition	X	ommon Carrier		. Air	
7-14-89	Address Madd	Grove Ceme	City, Borou	igh. Township	County (If in Pa.)
I certify that I have met all the requirements of the and Regulations Signature of Person in Charge of Interment 18 E. Main St. Annville, PA Address	Vital Statistics La	laws of the s	and/or make	certificate has bession is hereby give final disposal of	een filed as requirent to the Person in of the remains.
Mail To: Division of Vital Records P. O. Box 1528 New Castle, Pennsylvania 16	6103	I certify that	t the decea ery or crem Mod	sed name above atory named. Climate C	was buried or cre

R-309



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW		-			
	OFFICIAL	BURIAL	(OR	REMOVAL)	PERMIT
	(Issued under the pro	visions of Chapter	114, Section	n 45, General Laws, Ter.	Ed., as amended.)
»: *	(This permit can be a Board of Health by the	signed only by the a	gent of the l	Board of Health (or in town which the death occurre th, printed or typed in	ns where there is no
A satisfactory cer	tificate of death hav			4	
JOHN	N. SAMPSON.			SPFLD	MASS
	Cemeterly Pur	MAC-		(Address)	
02000	(Give full name of de	M. ROCKE	· who di	ed Feb. a	61983
age	. years,	months,		days.	
Cause of death	CELL CARO	TORY F	TLUR	E, METATO	SMALL
f a U. S. War Vete	eran, specify what w	ar, organization	n, etc	1145 ST	
Residence at time	of death .98 Sa	PEAR AL	SPI	LD, MASS.	
	par 6. Hy	us U.D.	Comi	nissioner of Publi	c Health
	(Signatu	re of Agent of Boa Board of	rd of Heal Health,	th, or, in towns where of Town Clerk)	there is no

3-309

The Commonwealth of Massachusetts

0006413

OFFICIAL DISPOSITION	, REMOVAL	OR TRANSPORTATION F	ERMIT
----------------------	-----------	---------------------	-------

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town SPRINGFIELD Date May 9, 1994
A substractory death certificate daving been filed for
bern on Dec 3, 1900 Full name of decedent , who died of
Congestive Heart Bailing May 6, 1999
Permission is hereby given to
730 H to It have of facility and many
for (check all appropriate boxes):
Removal from: 1. O. G. C. J. C.
Disposition at: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
□ Transportation to:
Residence at time of death
Springfield Dampden Mass 0 1119
Man. Main.

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

18. A - B Pur Grove 0006413

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
toSPRINGFIELD PUBLIC HEALTH DEPT. 1414 STATE ISSUED PETROIT
City or Town of SPRINGFIELD, MA 01109
City or Town of SPRINGFIELD, MA 01109
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
(Name of cemetery or crematory) (City or Town)
on
Certified by

If there is no officer in charge, funeral director must sign and return this stub.

	/
No.	

BURIAL (OR REMOVAL) PERMIT

Issued to F.C. Halay
Name of deceased aline to Romano
Age 51 years 3 months V6 days
Place of death Moleculation
Date of death Say (1/85)
Cause of death Coronary artey Heart Dering
Interment at Pin Grove Courtery
Date permit issued Saf-10/25/
Certified by Grange M. Oles, M. D.



The Commonwealth of Massachusetts EDWARD J. CRONIN

LOT 42-13

SECRETARY OF THE COMMONWEALTH

	9
No	
110.	

Division of Vital Statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where It has permit can be signed only by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in

(City or town) (Date)

U. EDWARD DERY 54 BRADFORD ST. PITISFIED for the removal from FRANCIS A. ROMANO, and the interment (To be filled out in case of removal) at PINE GROVE Cemetery in MIDDLEPIED, of the body of FRANCIS A POMANO who died APRIL 20 (Give full name of deceased) who died APRIL 20

A satisfactory certificate of death having been filed, permission is hereby given to

age 80 years, 0 months, 30 days.

Cause of death ARTERIOSCEROTIC HEART DISEASE WITH CONGESTIVE PAILURE AND CARDIAG ARREST

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death ALDERMAN ROAD MIDDLEFIELT

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

800				l		1						
No.	٠.		•	*	٠	٠	٠	•		•	•	

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

No. 3

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Name of deceased Phyllis (Bratton) Strong Age II years months days Place of death October 1/1956 Cause of death Branche Phearmone.
Age S years months V' days Place of death The difference of death October 5, 1952
Date of death October 5, 1956
Date of death October 5, 1956
Cause of death Brone lie Pheumone
Interment at Pin Shown Comben
Date permit issued October 8,1956
Certified by Andrew M. D.

Proprietors of the Pittsfield Cemetery

203 Wahconah Street

The undersigned, being on this date the person having charge of the Crematory at Pittsfield Cemetery, hereby certifies that

		CER'		

General Laws, Chap. 114, Sec. 48

the Burial Permit and Certificate of the M	Ledical Examiner prerequisite to the crem	nation of the body
of William Howard Slate:	r, Jr. late of Hinsdale, N	MA who died 12-6-83
at Pittsfield, MA		have been duly presented
CITY	STATE	
Cause of death Multiple Mye.	loma	
Age. 54 years months	days.	Cremation No. 2635
Date 12-12-83		Ululellerlijk
		Superintendent

Placed in vault - May 14-1983 - at Pine Grove Cemetery
Middleshied, Mass.

Vifedellefield, Mass

12/4/83 Lot 26, Se B

Pittsfield Cemetery Crematory

203 Wahconah Street

L.tsfield, Massachusetts

CREMATION CERTIFICATE

Name William Howe	rd Slater, Jr.
Cremation No.	2635



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS

THE THE		-			
	OFFICIAL	BURIAL	(OR	REMOVAL)	PERMIT
	(Issued under the pro	ovisions of Chapter	114, Section	n 45, General Laws, Ter.	Ed., as amended.)
	(This permit can be Board of Health by the	signed only by the ac	gent of the l	Board of Health (or in town n which the death occurre th, printed or typed in	ns where there is no
		(City or town)		(Date)	7. 7. 19
A satisfactory cer	tificate of death hav	ing been filed,	permissio	on is hereby-given to	
	Sedwar	d Dery		Petts	uld
	(Name)	Prth		(Address)	
for the removal fr		1200	ung		the interment
at Le	u Drone	o be filled out in case	etery in	Middleful	ld., of the
body of Mar	in alice	Starber	, who di	ed Juxo	26 19 8
age 69	(Give full name of d	eceased) months,		(Month) (Da	ay) (Year)
		1 .		days.	N. 1.
Cause of death	leute 1	candrag	ulm.	mary fo	ulure
If a U. S. War Vete	eran, specify what w	ar, organizatio	n, etc		
	60	mai.	Ci	DIL	ma
Residence at time	of death . V	11/19/2	77	Dall	W ////
	(Signati	are of Agent of Bo	ard of Hea	9. Bole lth, or, in towns where	lue_
		Board of	Health,	of Town Clerk)	

The Commonwealth of Massachusetts 268-4 JOHN F. X. DAVOREN 278



SECRETARY OF THE COMMONWEALTH 403

OFFICIAL BURIAL (OR REMOVAL)

Division of Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which
the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death printed or typed in durable black ink.]
Little L Lucy (6 19 Co
(City or jown) (Date)
A satisfactory certificate of death having been filed, permission is hereby given to
O. Glward Dery Pettsfield
(Name) (Address)
for the removal from
at Prove Cemetery in middleful & Ma of the
body of Touch & Starberd who died 19 (19)
(Give full name of deceased)
ageyears, months,days.
Cause of death Carring of lung with metataxes
Cause of death
If a U. S. War Veteran, specify what war, organization, etc.
Form Will Po m. Hel of
Residence at time of death
anta n. nunforo
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

A- 26 A?

The Commonwealth of Massachusetts

KEVIN H. WHITE



of death, legibly written in durable black ink.]

(City or town)

No. 24

(Date)

OFFICIAL BURIAL (OR REMOVAL) PERMIT

ivision of al Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns

where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate

Board of Health, of Town Clerk)

A satisfactory certificate of death having been filed, permission is hereby given to
Joseph P. Benciverga Fittsfield
(Name) (Address)
for the removal from and the interment, and the interment
(To be filled out in case of removal)
at Cemetery in Manual of the
pody of Robert Paul Starbird who died NOV 14, 1967
(Give full name of deceased) (Month) (Day) (Year)
age
Cause of death Compound defressed fractive of skul
If a U. S. War Veteran, specify what war, organization, etc
Residence at time of death Merry Thet
anne m mc Howan-mu
(Signature of Agent of Roard of Health or, in towns where there is no

STATE OF FLORIDA DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES VITAL STATISTICS

APPLICATION FOR BURIAL-TRANSIT PERMIT

4	۹.	(Type or	Print	:)									
	1.	Name of Deceased		First		Middle	L	_ast		DATE	Month	Day	Year
1	_			Al	ton M		Sternagle	Sr		DEATH	July 1	2 10	Ω7
		Place of Death County			City, Town or Loca	ition	Nam Hosp		(If neither, g	ive street	address)	.2, 19	07
_		Manatee			Bradenton		Inst.	N	Manatee Me	morial	Hognita	.1	
3		Name of Medical Certifier Craig	Hof	fman	MD	☑ Physici				Address			
4		Funeral Home/ Direct Disposer			Name etto Funeral H		Examiner 606		Address			4221	
5	5.	Check		*			7th Street	W.	Palmetto,	Fla. 3	4221		
		Appro- priate			The medical certification this application.	Cation has De							
		Box	b		this death was from	natural caus	es, that there wa	s no a	was contacted ccident nor oth	on ner extern	He/s	he verifi death, a	ied tha
					cause of death.			v	will complete	and sign t	he medical	certifica	ation of
			C					v	was contacted	on	He/s	he verifi	ed that
					medical certification				, Medical Exa	miner, wi	Il complet	te and s	ign the
6.	F	uneral Director/			Signatu	re		<u> </u>	· N /5				
		Direct Disposer		1	0 1	100			_ic. No./Reg. N	10.	D	ate Signe	ed
=	_				arry O	are	ne		1338	Ċ	July 13,	1987	
В.		ermission is hereby	grant	ed to d	BU dispose of this body.		ANSIT PERM	IT		Perm	it No. <u>78</u>	30-76	
					e day extension of ed. If it cannot be f the Local Registrar o					weekends irect Disp) has been oser Repor	requeste t" will b	ed and e filed
_	R	egistrar or ub-Registrar Signatu		De	are E. s	beni, s	lub.	Date _ Issue	e	y 13, 1	.987		
С.			AU	тно	RIZATION for C	REMATIO	N, DISSECTIO	N or	BURIAL-A	AT-SEA			
		gnature				, M	edical Examiner	D	ate				
	or												
	1416	edicai Examiner,	-	-	F	, ga	ve authorization	by tel	lephone to				
	Th		's app	proval	must be obtained be								
D.					CEM	ETERY OF	RCREMATOR	RY	-				
	Me	ethod of Disposition											
	Г	BURIAL [_	ORA	<u> </u>		Place of	Dispos	sition				
		CREMATION [(Specify)		Date of [Dispos	ition	rols	71		
;	Sig	gnature of Sexton) Person-in-Charge)											
-	Th	is permit must be e d returned within 10	ndors) days	ed by	the Sexton or pers	on-in-charge	or by the Funer	ral Dir	rector/Direct [Disposer w	hen there	is no Se	xton)

and returned within 10 days to the local County Health Department in the County where disposition occurred.

HRS Form 326, APR. 81 (replaces previous editions which may be used.)

The Commonwealth of Massachusetts A JOHN F. X. DAVOREN

SECRETARY OF THE COMMONWEALTH





Division of Vital Statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,

as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate

the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in duable black ink.

(City or town)

(Date)

A setisfactory certificate of death having been filed neumission is housely given to

is substactory continuate of death having been med, permission is hereby given to
FC Haley Chester, Mass
(Name) (Address)
for the removal from, and the interment
(To be filled of t in case of removal)
at Tine Grove Cemetery in Madlefield Most the
body of Carl A Sternagle who died for 3 1979
(Give full name of deceased) (Month) (Day) (Year)
age
age
Cause of death Cardiae arrest lue to Ischemi Wort
Disease
If a U. S. War Veteran, specify what war, organization, etc.
Vist Ital Minner of
Residence at time of death
1 7 man
in the man of the same
conce // / fuciporo (du)
(Signature of Agent of Board of Health, or, in fowns where there is no
Board of Health, of Town Clerk)

Rassachusetts

Nia	.5	10	-	0	į .
NO.	and	L		30.	

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or

town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black in
City/Town Pittsfield Date Sept 27 20 01
A satisfactory death certificate having been filed for
Mary F. Sternagle
who died on 2004 25, 2001 US War Veteran NO
born on OCT 12, 1915 , who resided a
65 Skyline Trail, Middlefield, MA 01243
and who died of Cardlopulmonary Arrest
Permission is hereby given for (check all appropriate boxes)
[] Removal from:
EDDisposition at: Pine Grave Cometery or cremitory
Transportation to:
name and address of immediate destination of remains
Permission is hereby given to: Dany Funcial Home
54 Bradford A. PHSfuld, MAC 1201
Thelip todamo mom

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

R-309-06



DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to Pittsfield Health Dept.
TO A toffice issuing persons of war
City/Town of Mass.
Name of Decedent
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at(Name of cemetery or crematory) (City/Town)
on
Final Disposition
Certified by(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

KEVIN H. WHITE



No. 3/6



Division of Vital Statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which death county of the FILING and acceptance of a satisfactory certificate that the satisfactory certificate and the satisfactory certificate.

A satisfactory certificate of death having been filed, permission is hereby given to
FC Haly Chester mass
(Name) (Address)
and the interment
for the removal from, and the interment
at Pine Grand Cemetery in Middlefield, of the
body of Maried Walnus Give full name of deceased) who died (Month) (Day) (Year)
age
Cause of death Cerebral Hemarchia
If a U. S. War Veteran, specify what war, organization, etc.
Residence at time of death Hunsdals Rd Middle field Man
Charles D. Strong

(Signature of Agent of Board of Health, or, in owns where there is no Board of Health, of Town Clerk)

City or town)



The Commonwealth of Massachuse

DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS

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1		
J		

OFFICIAL BURIAL REMOVAL) (OR (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.) (This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.) (City or town) (Date) A satisfactory certificate of death having been filed, permission is hereby given to (Address) To be filled out in case of removal) (Give full name of deceased) (Month) . (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No.	54	,66
4100	_	

Burial Certificate from the person in Charge of Crematory, required General Laws of Massachusetts, 1921, Chapter 114, Section 48

Springfield, Mass

	se Springfield Cemetery, hereby		120 国际原始,407 (4)		THE PERSON
	Springfield, Ma.	DorothyESullivan		••••••••••••	
rivet i	same	e company and a second	, hay	ve been duly p	resented.
Date of death					
	cardiopulmor				
			//		
Form 7-1M-8-69	••••		The Proprietors of the	General	

GRAVESILE SERVICE 1 MM 2, 2001

- Marcy Burnham Sr.

- Rodney SAVERY, Sr.

- wayne Secretar

- Prescella Luriner

BURIAL CERTIFICATE

No. 6

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frank Fay
lissued to
Name of deceased Georg Washington Wan
Age 74 years months days
Place of death Middlefilf
Date of death Oct 1933
Cause of death Ongina Pedurio
Interment at New Cometery
Date permit issued Qt. 2. 1933
Certified by Francis a Robinson M.D.



The Commonwealth of Massachusetts 30

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

					5	8	>					
No.			:	٠	•	Ö						

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING

and acceptance)of a satisfactory certificate of death, printed or typed in durable black ink.)

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

City or town) A satisfactory certificate of death having been filed, permission is hereby given to (Name) Address) . and the interment (To be filled out in case of removal) (Give full name of deceased) Month) (Year) ... months ... If a U. S. War Veteran, specify what war, organization, etc.. Residence at time of death

The Commonwealth of Massachusetts See lot #21,

SECRETARY OF THE COMMONWEALTH

Division of

BURIAL (OR REMOVAL)

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., Vital Statistics as amended.) [This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFPER the FILING and acceptance of a satisfactory certificate of death, printed or typed in duruble black fink.] (City or town) (Date) A satisfactory certificate of death having been filed, permission is hereby given to (Name) (Address) for the removal from and the interment (To be filled out in case of removal) Cemetery in who died (Give full name of deceased) (Month) years,months, If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death

(Signature of Agent of Board of Health, or, in towns where there is no

Board of Health, of Town Clerk)



SECRETARY OF THE COMMONWEALTH

lo.

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OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate

of death, printed of typed in durable black ink.]
(City of town) (Date)
A satisfactory certificate of death having been filed, permission is hereby given to
for the removal from
at Line Grove (10 be filled out in case of removal) Cemetery in Middlefield , of the
body of William Sweeney who died March 19 1979 (Give full name of deceased) (Month) (Day) (Year)
age
Cause of death Culumonia - Thrombosis in Cervical apine
If a U. S. War Veteran, specify what war, organization, etc.
Residence at time of death 1100 Halmes Rd. Pettsfield
anita M. Mucafors Head clerk
(Signature of Agent of Board of Health, or, in towns where there is no

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Fank Fay.
Name of deceased Richard D Sweener
Age 60 years 6 months 3 days
Place of death Middlefield
Date of death June 11 1933
Cause of death Carcinoma of Liver
Interment at New Com. Middlefield
Date permit issued June 12 1933
Certified by F. 9 Jakes M.D.

DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS A



OFFICIAL BURIAL (OR REMOVAL)

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate death, printed or

(City or town)

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to David A. Dery 54 Bradford St.Pittsfield, Ma. 01201 Middlefield, Ma. for the removal from (To be filled out in case of removal) body of Eliza C. Tefts who died June ageyears,months,days. If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death Skyline Trail, Middlefield, Ma.

R-309

BURIAL (OR REMOV

This coupon to be returned immediate

City or Town ofMIDDLEFIE

Name of deceased ... ELIZA C. TE If a U. S. War Veteran, specify what w

......

ENDORSEM

(To be filled in by cemetery or cre:

I hereby certify that the body accomdisposed of in accordance with its terms

(Signature of Superintendent, o

If there is no officer in charge, undertaker shou



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

REAL TO THE REAL PROPERTY.					
- 588Y	OFFICIAL	BURIAL	(OR	REMOVAL)	PERMIT
1 8.7	(Issued under the pro	visions of Chapter	114, Sectio	n 45, General Laws, Ter.	Ed., as amended.)
*	Board of Health by the	town clerk) of the c	ity or town i	Board of Health (or in town n which the death occurre th, printed or typed in t	AFTER the EILING
	Great Bar	(City or town)	Mass.	June 29	19 . 85
A satisfactory cer	tificate of death hav	ing been filed,	permissio	on is hereby given to)
	uneral Home,				
		o be filled out in case	of removal)	
at Pine Gr	ove	····· Cem	etery in .	Middlefield,	Ma. , of the
	zabeth A. Tef	eceased)		(Month) (Da	19 .85
age 7.6	.years,	months,		days.	
Cause of death	sudden cardi	ac death	- hype	rtensive car	diovascular disease
If a U. S. War Vete	eran, specify what w	ar, organizatio	n, etc	no	
Residence at time	of death Christ	ian Hill H	Rd., G	reat Barringt	ton, Mass.
e e	(Signatu	are of Agent of Bo	ard of Hor	Ith, or, in towns where	there is no
				of Town Clerk)	chere is no

The Commonwealth of Massachusetts



DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS

No.	

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink

Dery Funer	of death having b	een filed, permission	is hereby giver	Pholes
for the removal from	Name) Lius do	le	(Address)	M nterment
at Pine Grove	(To be filled out i	case of removalud	defield	of the
body of Elizabeth	Q. Teft		4-6	19 89
7LI (Give	full name of deceased)	_	(Month) (Day)	(Year)

cause of death Pheumonia, altabelmen disease

Residence at time of death Ceorge Sunopp Rd Wing dale He

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

BURIAL, CREMATION OR REMOVAL PERMIT STATE OF NEW JERSEY Ridgewood January 17, 19 86 (City, borough or township) (Date) The Certificate of Death having been filed with me, as required by the laws of this State, permission is hereby given for the removal, burial, cremation, or other final disposition of the body of John Tefts age 85 ..., sex Male, who died in Ridgewood on 1/17/ 186 Cause of Death Cardio pulmonary arrest Proposed Place of Removal, Burial, Cremation, or other Final Disposition Pine Grove Cemetery-Middlefield, Mass. Location Funeral Director John J. Feeney, Jr. #1710 232 Franklin Ave. Ridgewood, NJ (Address) (Registrar of Vital Statistics)



The Commonwealth of Massachusetts EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH



No.

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics (Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1022, Chapter 243, Acts of 1026, and Chapter 48, Acts of 1027.) This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred

AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.] MIDPLEFIELS EPT 4 1983
(City or town) (Date) A satisfactory certificate of death having been filed, permission is hereby given to
A satisfactory certificate of death having been filed, permission is never given to
DAYID E, MITCHELL F. H EASTHANN PION (Address)
for the removal from MIDDLEFIELD , and the interment
at PINE CROVE Cemetery in MIDDLEFIELD, of the
body of PETER UHC TEFTS who died SEPT 4 1982 (Give full name of deceased) who died SEPT 4 1982
age 79 years, months, days.
Cause of death CARDIAC ARREST
If a U. S. War Veteran, specify what war, organization, etc.
Residence at time of death SKYLINE TRAIL, MIDDLEFFELD, NA
Elith P. Ries
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No	19	7	
	-	-	



OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance

of a satisfactory certificate of death, legibly written in durable black ink.]

Division of Vital Statistics

A satisfactory certificate of death having been filed, permission is hereby given to
Wm. D. Sanders Fittsfield
(Name) Pittal A (Address)
or the removal from (To be filled out in case of removal), and the interment
cemetery in Meddlefuld Mass, of the
pody of Rose Lefts who died March 28, 19 36
(Give full name of deceased) (Month) (Day) (Year) age 56 years, months, days.
ige 5 6 years, months, days.
Cause of death Cerebral hemorrhage
If a U. S. War Veteran, specify what war, organization, etc
on in a long
Residence at time of death Middlefield, Mass.
Frances M. Lebeau - SM.
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



JOSEPH D. WARD SECRETARY OF THE COMMONWEALTH

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of Vital Statistics (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns

where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable blackpink.]
A satisfactory certificate of death having been filed, permission is hereby given to O. C. Haley Chester Mass (Name)
(Name) (Address) for the removal from, and the interment
at Tine Grove Cemetery in middleheld, of the
body of Welliam Tetts who died July 25 19.60 (Give full name of deceased) (Month) (Day) (Year) age years, months, 25 days.
Cause of death 7/ remia
If a U. S. War Veteran, specify what war, organization, etc.
Residence at time of death Course Rd. Middlefield, Mass Aune M. Me Howan Clark (4 MB)
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

The Commonwealth of Massachusetts

No. 85-97

OFFICIAL DISPOSITION, REM	OVAL OR	TRANSPORTATION PR	FRMIT
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(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended) This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city A satisfactory death certificate having been filed for who died on neunolia and who died of Permission is hereby given for (check all appropriate boxes): [] Removal from: [] Transportation to: name and address of immediate destination of remains Permission is hereby given to:

FSection B, whoT # 3, as .3 Code

R-309

No. 85-97

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed					
to Af 440 MM Alalt Deformation (Office issuing permit)					
City or Town of					
Name of Decedent hargaret ann Heriand					
If a U.S. War Veteran, specify what war, organization, etc.					
ENDORSEMENT					
(To be filled in by cemetery or crematory official)					
I hereby certify that the body accompanying this permit was					
disposed of in accordance with its terms					
at Pine GRove Cemetery (Name of cemetery or crematory) (Gity or Town)					
on APRIL 26th 1997					
Final Disposition					
Certified by Alany Llase - Cem. Consn., (Signature of Superintendent, cemetery or crematory)					

If there is no officer in charge, funeral director must sign and return this stub.



T33660

0-#

City of Boston—Health Department

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of chapter 114, General Laws)

All the preliminary requirements of law having been complied with, including the filing of α satisfactory certificate of death, legibly written in durable black ink, permission is hereby given to

Sanga (Undertaker) (Nam	Date of issue of pe	(Address)	ingfield
or the removal from	(To be filled out in ca	se of removal	lefield of the
//.	(Give full name of 19 5, (day) (year)	Tr -	9months 2days
ause of death,	12 Guy	Ut (Street)	Pringfield
Was	Deceased a Veteran of	any U. S. War	(Specify War)
	n	1 - 1	

The Commonwealth of Massachusetts JOHN F. X. DAVOREN

SECRETARY OF THE COMMONWEALTH

	OI IIIL	COMMONWEA	LIH
70_		No.	

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in Gallebe black int.

(City or town)

	(City or town)	(Date)
ory certificate of	death having been filed, perr	mission is hereby given to
(Name	Maskly.	Dolld Mass
loval from	110 / 11/1	(Address)
nol /	Cemetery jh	. 77 // 2 //
Aldered	10 William	died 12 6 19 75
	2 . 4	(Month) (Day) (Year)
ath Mul	M. D. M. A.	
'ar Veteran, spec	fy what war, organization,	etg
time of death	27 Niste S	+ Loll-lh

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk) R-309

No.	

BURIAL (OR REMOVAL) PERMI

This coupon to be returned immediately, properly endorsed

City or Town of Manual Manual

ENDORSEMENT

(To be filled in by cemetery or crematory official)

and a	Cem	Mids	Meha
ery or ere	ematory)	, — " 5— "	City or town
		······	••••••
	9	or crematory)	ery or crematory)

If there is no officer in charge, undertaker should sign and return this stul



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH

	HEGISTI	No439			
	OFFICIAL	BURIAL	(OR	REMOVAL)	PERMIT
	(Issued under the pro	ovisions of Chapter	114, Section	n 45, General Laws, Ter.	Ed., as amended.)
	Board of Health by the	town clerk) of the c	ity or town in	Board of Health (or in town in which the death occurre th, printed or typed in ((Date)	durable black ink.)
A satisfactory cert	ificate of death hav	ing been filed,	permissio	on is hereby given to	
	Donald !	1. Lema	ad	Lette	fuld.
	(Name)	0.11	4 . 4 .	(Address) (
for the removal fro	om		fulc	C, and	the interment
at Lina	Drove "	o be filled out in cas	etery in	niddleful	cl, of the
body of S	CGive full name of d	Vrie	·· who di	ed July 7	19 .0. (Year)
age	. years,	months,		days.	
Cause of death	Cardia	pulner	ary.	alrust	
If a U. S. War Vete	ran, specify what w	ar, organizatio	n, etc		
Residence at time	of death	o North	LS+	Littali	ild HA
		Joan	ne ,	m. Lake	y

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

2	Page
13	



Official Burial (or Removal) Permit

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.)

(hester	5=	2-	196 Y
· · · · · · · · · · · · · · · · · · ·	(City or town)	(Date)	
A satisfactory certificate	of death having h	een filed, perm	ission is	s hereby
given to FC (alen	Chise	2en	
for the removal from	e Hell Receive	un Caull an	d the in	lec terment
	To be filled out in case of re	moval)	10 . 1	
at Pive Cirove	Cemetery in	middly	eld	, of the
	H. VINCENT WI	no died	29	1964
(Give full name	of deceased)	(Month	(Day)	(Year)
age/years,/(months. / K	days.		
Cause of death Ct	,)	carelete	0	
If a U.S. War Veteran, spe				
a c.b. war veteran, spe	- 1 · ·			
Residence at time of death	Chest	in Massa		
	Talalan S.	. 0- 1	1.	

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

KEVIN H. WHITE



lo.	
	£45444411111111111111111111111111111111



Division of

Vital Statistics

of death, legibly written in durable black ink.]

OFFICIAL BURIAL (OR REMOVAL)

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate

Board of Health, of Town Clerk)

(City or town) (Date) A satisfactory certificate of death having been filed, permission is hereby given to (Name) (Address) for the removal from (To be filled out in case of removal) Cemetery in who died (Give full name of deceased) (Month) years, _____months, ____days. If a U. S. War Veteran, specify what war, organization, etc. Residence at time of death Hunting (Signature of Agent of Board of Health, or, in towns where there is no

No. 96-36

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink. A satisfactory death certificate having been filed for who died onUS War Veteran give immediate cause Permission is hereby given for (check all appropriate boxes): [] Removal from: [] Transportation to: Permission is hereby given to

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

	- PIDITION	
	and the state of t	
		9/ 2/
R-309		No. 76-36

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to	TOWN CLERK
	(Office issuing permit)
City or Tow	n of Palmer Mass.
Name of De	redent Harry Newell Watts
If a U.S	. War Veteran, specify what war, organization, etc.
	ENDORSEMENT
	(To be filled in by cemetery or crematory official)
I hereby co	ertify that the body accompanying this permit was
disposed of	in accordance with its terms
at P	ine Srove middlefield ma ame of cemetery or crematory) (City or fown)
on	July 6 1996
Final Dispo	sition
	1 1
Certified by	(Signature of Superintendent, cemetery or crematory)
	7/22/96
If th	nere is no officer in charge, funeral director must sign and return this stub.

Lee P. 255



DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No.

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTEH the FILING and acceptance of a socisfactory certificate of death, printed or typic in durable black ink.]

(City or town)

(City or town)

A satisfactory certificate of death having been filed, permission is hereby given to
Ernest a Bush & Stringfuly
(Address)
for the removal from as Commendan, and the interment
(To be filled out in case of removal)
Cemetery in Maddle Company, of the
body of
age years, months, days.
Cause of death (Anch of Bladdor
If a U. S. War Veteran, specify what war, organization etc.
Residence at time of death & Horter Rd & Long
Richard a. Clark
(Signature of Agent of Board of Health, or, in towns where there is no
Board of Health of Town Clerk



SECRETARY OF THE COMMONWEALTH

No.	
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Distriction of	
Division of	
Wital Statistics	

Residence at time of death

OFFICIAL BURIAL (OR REMOVAL) PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,

as amended.) [This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written insdurablesblack ink.] City or town) (Date) A satisfactory certificate of death having been filed, permission is hereby given to (Address) for the removal from, and the interment (To be filled out in case of removal) Cemetery in who died . (Give full name of deceased) (Day)years,months, .../... Cause of death If a U. S. War Veteran, specify what war, organization, etc.

> (Signature of Agent of Board of Health, or, in towns where there is a Board of Health, of Town Clerk)

No. 3

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit