

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

A-24

BURIAL—TRANSIT PERMIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

No. 17

Full name of deceased Robert Nesman Muir Date of death May 8 19 93

Cause of death Carcinoma metastatic to lung, unknown primary

Place of death Jackson, Jackson, MI Race White Sex M Age 87
(County) (Township or village or city)

Method of disposal Burial Woodlawn at Vermontville
(Whether burial, cremation, storage, etc.) (Cemetery or crematory)

County Eaton State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 _____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Joseph Eugene Pray Address 401 W. Seminary Charlotte MI 48813
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature [Signature] Date 5-11 19 93
(Check one: ☐ Registrar ☐ Funeral Director ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Burial on May 11 19 93 in Woodlawn at Vermontville
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place #24 Signature [Signature] (Sexton or person in charge)

This permit must be endorsed by the sexton (or by the funeral director or Mortuary Science licensee where there is no sexton).

(OVER)