

6-76

BURIAL -TRANSIT PERMIT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

No. _____

Full name of deceased Robert Allen Tomlinson Date of death Oct 9 2003

Place of death Isabella Mount Pleasant Sex M Date of birth 03/02/1944
(County) (Township or village or city)

Cause of death Acute Myocardial Infarction

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

County Barry State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date 20 _____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to J. Ernest Pray Address 401 W. Seminary Street Charlotte
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature _____ Date 10/14/03 20
(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Oct 14 20 03 in Woodland Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Wm. H. Kelley, Jr. Signature John G. Kelley
(Sexton or person in charge)

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

(OVER)

Plot A lot 76

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION