

B-11

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Robin Shuen Lamb No. _____
Cause of death acute myocardial infarction
Place of death Berwyn (County) Thompson Twp (Township or village or city)
Date of death Oct 19 1962 Race W Sex M Age 56
Method of disposal Buried (Whether burial, cremation, storage, etc.) Hamontville (Cemetery or crematory)
County Deer State Michigan

A certificate of death or stillbirth having been filed as required by the laws or regulations of this state, permission is hereby given to D.K. MILLER Address Caledonia, Mich
(Funeral director or person acting as such)
to dispose of body of said deceased.

Signature [Signature] Date 10/19/62 19____
(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on 10-22-62 in Woodlawn Cem.
(State whether cremated, buried, stored, etc.)
Place Hamontville, Mich. Signature [Signature] (Cemetery or crematory)
(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) and returned within seven days to the registrar of the district in which the burial takes place.
(OVER)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION