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**TRANSIT COPY**  
 (THIS COPY MUST ACCOMPANY  
 BODY TO FINAL DESTINATION)

STATE OF ARIZONA  
 DEPARTMENT OF HEALTH-DIVISION OF HEALTH RECORDS AND STATISTICS  
**BURIAL - TRANSIT PERMIT**

REGISTRAR'S  
 FILE NO. 1952

IDENTIFICATION OF DECEASED	1. NAME OF DECEASED A. FIRST MILLICENT B. MIDDLE MAE C. LAST LAMB	2. SEX Female	3. AGE 62	4. RACE OR COLOR White
	5. DATE OF DEATH July 15, 1972	6. PLACE OF DEATH Tucson Medical Center Tucson Pima Arizona	7. CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)	
MANNER AND PLACE OF DISPOSITION	8. <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL Of cremains	9. FUNERAL HOME Adair Funeral Home 1050 N. Dodge Tucson, Arizona	10. FUNERAL DIRECTOR'S SIGNATURE <i>Anthony Adair</i>	11. DATE SIGNED July 17, 1972
	12. PLACE OF BURIAL OR OTHER DISPOSITION Woodlawn Cemetery	13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.		14. REGISTRAR'S SIGNATURE <i>Granie Sumpter Deputy</i>
DISPOSITION OF BODY	15. CEMETERY OF CREMATORY Granie Sumpter Deputy	16. REG. DISTRICT 1013	17. DATE SIGNED 8-1-72	18. BODY WAS <input type="checkbox"/> BURIED <input type="checkbox"/> CREMATED (SPECIFY) <input type="checkbox"/> OTHER
	19. DATE OF DISPOSITION	20. CEMETERY MANAGER'S SIGNATURE	21. REGISTRAR'S SIGNATURE	22. TITLE
STATE REGISTRAR USE	21. DATE RCV'D. IN STATE OFFICE	22. A.	22. B.	