

6-16

BURIAL — TRANSIT PERMIT
MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased: Robert Barber No. _____

Cause of death: Extreme irritation + em arterio-sclerosis

Place of death: Extram (County) Meridian (Township or village or city)

Date of death: April 2 1960 Race: White Sex: Male Age: 87

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

County: Caton State: Michigan

A certificate of death or stillbirth having been filed by the laws or regulations of this state, permission is hereby given to George H. Vost (Funeral director or person acting as such) Address: Madison Mich to dispose of body of said deceased.

Signature: George H. Vost Date: 2/2 1960
(Check one: Registrar, Funeral Director, Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Returned on Apr. 4 1960 in Woodlawn Cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place: Woodlawn Cemetery Signature: Robert Barber (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