

County Leuwa STATE BOARD OF HEALTH OF FLORIDA Permit No. 26819

Precinct _____ (Write name, not number) Bureau of Vital Statistics Reg. Dist. No. 13-01

or _____
Inc. Town _____
or JACKSONVILLE
City _____

BURIAL OR REMOVAL PERMIT

Full name Inf of Gerald S. Grant Age 1 day Sex M Color cul

Disease causing death Premature Birth Date of Death 12-15-26

Place of burial Memorial Cemetery
or _____

Removal to _____ via JACKSONVILLE

Undertaker Holmes Funeral Director Address _____
A certificate of death having been filed in my office in accordance with the Laws of Florida, I hereby authorize the Burial of the body of said deceased person as stated above.
(Burial or Removal)

Dated 12-15-26 19 26 Registrar's signature CH Purdy

Burial permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place. When the body is to be shipped to a distant point, requiring the service of a common carrier, in addition to the removal permit, the body must be accompanied with a transit permit as required by the State Board of Health. For full particulars see Rules and Regulations Governing the Transportation of Dead Bodies.

Sexton's signature _____ Date of interment 928 1/2 Clay St 19 _____

This permit must be indorsed by the sexton and returned to the Local Registrar of his district within ten days. If there is no sexton or person in charge of burial ground, the undertaker or person acting as such shall sign same as sexton, giving date of interment. Write across face of permit the words, "No person in charge," and return to Local Registrar of the district in which interment is made within 10 days.