

County **Duval**

STATE BOARD OF HEALTH OF FLORIDA Permit No. **25035**

Precinct _____
(Write name, not number)

Bureau of Vital Statistics

Reg. Dist. No. **13-01**

or _____
Inc. Town _____

or **JACKSONVILLE, FLA.**

BURIAL OR REMOVAL PERMIT

Full name *Rosa Madison* Age *14* Sex *F* Color *B*

Disease causing death *Phthisis Pulmonum* Date of Death *2-15-20*

Place of burial *Yukon Fla*

Removal to _____ via _____

Undertaker *Hobbes* Address **JACKSONVILLE, FLA.**

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

Dated *2-20* 19*20* Registrar's signature *C. H. 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 _____ 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.

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