

County.....**DUVAL**.....

Florida State Board of Health  
**BUREAU OF VITAL STATISTICS**

Permit No. **41211**

Precinct.....  
(Write name, not number)  
or

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

Inc. Town.....  
or

**BURIAL OR REMOVAL PERMIT**

City.....**JACKSONVILLE**.....

Full name.....**MARY CHRILDRESS**.....; Age.....**?**.....; Sex.....**F**.....; Color.....**COL**.....

Cause of Death.....**BRONCHOPNEUMONIA- AORTIC REGURGITATION**.....

Place of Death.....**COUNTY HOSP**..... Date of death.....**JAN 18, 1934**....., 19.....

Place of burial or Removal to.....**NEW MT. HERMAN CEMETERY**....., via.....

Undertaker.....**HOLMES FUNERAL DIRECTORS**..... Address.....**JACKSONVILLE**.....

A Certificate of Death having been filed in my office in accordance with the Laws of Florida, I hereby authorize the burial or removal of the body of said deceased person as stated above.

Dated.....**JAN 22**....., 19.....**34**..... Registrar's Signature.....*[Signature]*.....

Burial Permits must be delivered by the undertaker to the sexton or other person 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 by 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 endorsed 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. across face of permit the words, "No person in charge," and return to Local Registrar of the district in which interment is made within ten days.