

County DEVAL

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

Inc. Town.....

or  
City JACKSONVILLE

Florida State Board of Health  
BUREAU OF VITAL STATISTICS

Permit No. 41845

Reg. Dist. No. 13-01

**BURIAL OR REMOVAL PERMIT**

Full name JANIE LAROSE; Age ?; Sex FE; Color COL

Cause of Death MITRAL INSUFFICIENCY ETC

Place of Death 1923 CENTER ST. Date of death APRIL 21, 1934 19

Place of burial or Removal to MEMORIAL CEMETERY, via

Undertaker HOLMES CO. 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 APRIL 24 19 34 Registrar's 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. 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 ten days.