

County DUVAL

Precinct _____
(Write name, not number)
or

Inc. Town _____
or
City JACKSONVILLE

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

Permit No. 41687

Reg. Dist. No. 13-01

BURIAL OR REMOVAL PERMIT

Full name Cecilia Cooper; Age 54; Sex F; Color Cul

Cause of Death Cardio Vascular Renal Syndrome

Place of Death 910 1/2 W. Beaver Date of death 3-26, 1934

Place of burial or Removal to new mt Herman Cem via _____

Undertaker Holmes Funeral Hrs 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 3-28, 1934 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. 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.