

County DUVAL

Florida State Board of Health
BUREAU OF VITAL STATISTICS

Permit No. 44355

Precinct _____
(Write name, not number)
or _____

Reg. Dist. No. 13-01

Inc. Town _____
or _____

BURIAL OR REMOVAL PERMIT

City JACKSONVILLE

Full name Albertha Jackson; Age 58; Sex F; Color Col

Cause of Death Albertha

Place of Death 1047 Johnson St Date of death 5-14- 1935

Place of burial or Removal to New Mt Herman Cem, via _____

Undertaker Holmes Funeral Hlrs 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 5-17- 1935 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.