

Florida State Board of Health
BUREAU OF VITAL STATISTICS

County St. Johns

Permit No. 117

Precinct _____
(Write name, not number)
or _____

Reg. Dist. No. 4201

Inc. Town _____
or _____

BURIAL OR REMOVAL PERMIT

City St. Augustine

Full name Raymond Harris; Age 70; Sex Male; Color Caucasoid

Cause of Death Sarcoma

Place of Death Verment Heights, Fla. Date of death May 25th, 1935

Place of burial or Removal to Jacksonville, Florida, via Automobile

Undertaker Holmes and Johnson Address St. Augustine Fla.

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 May 28th, 1935 Registrar's Signature Chas E Pettit

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.