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STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL-TRANSIT PERMIT

NAME OF DECEASED (Type or print) First	Middle	Last	DATE OF DEATH Month Day Year
RAY		ANDERSON	March 9, 1979

PLACE OF DEATH COUNTY	CITY, TOWN, OR LOCATION	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
Palm Beach	West Palm Beach	St. Mary's Hospital

Attending Physician ☒ X (Name of Medical Certifier) (Address)
Medical Examiners ☐ William T. Donovan, M.D., 120 Butler Street, West Palm Beach, FL 33407

Funeral Home (Name) (Address)
Scobee-Ireland-Potter Funeral Home, 320 N. E. Fifth Ave., Delray Beach, FL33444

Check One

A ☐ A completed certificate of death accompanies this application.

B ☒ X Dr. William T. Donovan, M.D. was contacted on March 9, , 1979. He has assured me that this death was from natural causes and that he will complete and sign the medical certification of cause of death.

C ☐ The attending physician was unavailable or this death comes within the Medical Examiners jurisdiction. The body was released to me by _____ on _____, 19____.

Raymond K Potter — 1094 — March 9, 1979
(Signature) — (Fla. Lic. No.) — (Date Signed)

Funeral Director: Raymond K. Potter

Permit