

imposes a penalty up to \$200 upon any person who disposes of a dead body without a duly executed permit. This permit must accompany the body to its final destination. When the body is to be shipped by common carrier, the body or the outer case shall be so constructed as to prevent seepage or escape of odors.

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

BURIAL-TRANSIT PERMIT This permit must accompany remains to destination # **3780**

1. DECEASED NAME (TYPE OR PRINT) MARION NANN RUBY			2a. DATE OF DEATH MONTH 12 DAY 27 YEAR 81			2b. HOC					
3. SEX M	4. RACE W	5. DATE OF BIRTH MONTH MAR DAY 19 YEAR 1906			6. AGE (IN YEARS LAST BIRTHDAY) 75			IF UNDER 1 YEAR MONTHS 0 DAYS 0 HOURS 0			
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) IND.			7b. CITIZEN OF WHAT COUNTRY? U.S.A.			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. BALTIMORE CITY OR COUNTY OF DEATH HARFORD		
10. CITY OR TOWN OF DEATH HARFORD			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HARFORD MEMORIAL HOSPITAL			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MATERIAL TESTING			12b. KIND OF BUSINESS INDUSTRY RETIRED		
13a. STATE Md			13b. COUNTY HARFORD			13c. CITY OR TOWN HARFORD			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
14. FATHER'S NAME FIRST JOHN MIDDLE - LAST RUBY			15. MOTHER'S MAIDEN NAME FIRST ROSA MIDDLE - LAST RUBY			13e. STREET ADDRESS 826 S WASHINGTON			ADDRESS RUBY - SAME		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) YES			16b. SOCIAL SECURITY NO. VII. VII. II. 303-12-4579			17. INFORMANT Wm. Hospital & Ruby			ADDRESS SAME		

MEDICAL CERTIFICATION

AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION
This burial-transit permit, when completely filled in and bearing below the signatures of the attending physician and funeral director, constitutes authority for burial, transportation, removal, cremation or other disposition of the deceased named above.

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SECTION BELOW

The deceased named above was buried cremated in the cemetery or crematory named in Item 23c. Burial was in Section **D7** more **Por**
 Lot _____ Grave **67**. I have made the appropriate entry in the cemetery or crematory register.

3780

Signature *Cornel Walton* Date Signed: _____
 Sexton or other person in charge

This burial-transit permit must be signed above by the cemetery or crematory authority. Where there is no full-time person in charge of the cemetery, the funeral director may sign as sexton.

If burial took place in Maryland, this permit must be returned within ten days to the State Dept. of Health and Mental Hygiene
 Division of Vital Records,
 201 W. Preston Street,
 Baltimore, Maryland 21201.

22a. I certify that (I) (this hospital) attended the deceased from 11-27 19 81 to 12-27 19 81 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated