

(Always write with black ink)

# TRANSPORTATION OF CORPSE

1 PLACE OF DEATH

State of New Jersey

DISINTERRED BY U. S. GOVERNMENT

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

County of FRANCE CERTIFICATE OF DEATH

City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

2 FULL NAME Pvt. Tom Lewis, Co.E, 813 P. Inf. #2933187

[If death occurred in a hospital or institution give its NAME instead of street and number.]

### PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single Married Widowed or Divorced (Write the word)
6 Date of Birth _____, 1 _____ (Month) (Day) (Year)		
7 Age _____ yrs _____ mos _____ ds.		
8 Occupation _____		

9 Birthplace (State or Country)

PARENTS	10 Name of Father
	11 Birthplace of Father (State or country)
	12 Maiden name of Mother
	13 Birthplace of Mother (State or country)

14 The above is true to the best of the knowledge and belief of

(Informant) \_\_\_\_\_

(Address) \_\_\_\_\_

15 Place where remains are to be sent Date of Shipment \_\_\_\_\_, 19 \_\_\_\_\_

Shipping Undertaker \_\_\_\_\_

Address \_\_\_\_\_  
(Firm Name) N. J.

### MEDICAL CERTIFICATE OF DEATH

16 Date of Death \_\_\_\_\_, \_\_\_\_\_, 19 \_\_\_\_\_  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That death occurred, on date stated above, at France  
The CAUSE OF DEATH was as follows:

Pneumonia

(Duration) \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds.

Contributory \_\_\_\_\_  
Secondary \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds.

(Signed) \_\_\_\_\_, M. D.

\_\_\_\_\_, 19 \_\_\_\_\_ (Address) \_\_\_\_\_

18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds In the State \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

## PERMIT OF BOARD OF HEALTH OR REGISTRAR

This Permit with above Certificate, must be presented to Initial Baggage Agent and delivered with body at destination

\_\_\_\_\_ July 23 \_\_\_\_\_, 19 20

Permission is hereby granted to remove for burial at Perrysmill, Alabama the body of Pvt. Tom Lewis above described, if prepared in accordance with the laws of this State. If contagious or communicable, state name of person who is authorized to accompany the body.

John B. Bennett  
Health Officer or Registrar.

Detach above portion at this perforation, and hand to passenger in charge, to be delivered to the undertaker at destination. If burial is made in this State this blank should be exchanged for a local burial permit at place of burial.