

**BURIAL
TRANSIT
PERMIT**

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

WARNING: The law imposes a penalty up to \$200 upon any person who disposes of a dead body without a duly executed burial-transit permit.
TRANSPORTATION: This permit must accompany the body to the final destination. When the body is to be shipped by common carrier, the casket containing the body or the outer case shall be constructed 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 REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) Margaret Capes Andrews				2. DATE OF DEATH MONTH DAY YEAR April 22 1995		3. TIME OF DEATH 8:00 P	
4. SOCIAL SECURITY NUMBER 577-24-6483		5. SEX 1 <input type="checkbox"/> M 2 <input checked="" type="checkbox"/> F	6. AGE (In yrs. last birthday) 89 YRS.		7. DATE OF BIRTH (Month, Day, Year) December 29, 1905		8. BIRTHPLACE (State or Foreign Country) North Carolina
9a. FACILITY NAME (If not institution, give street and number) Wilson Health Care Center				9b. CITY, TOWN OR LOCATION OF DEATH Gaithersburg		9c. COUNTY OF DEATH Montgomery	
RESIDENCE OF DECEDENT							
10a. STATE Maryland		10b. COUNTY Montgomery		10c. CITY, TOWN OR LOCATION Gaithersburg		10d. INSIDE CITY LIMITS? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	
10e. STREET AND NUMBER 301 Russell Avenue				10f. ZIP CODE 20877		10g. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. MARITAL STATUS 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Married 3 <input checked="" type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO IF YES, GIVE WAR OR DATES		13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO Specify:		14. RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (1-4 or 5+)			15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Clerical		15b. KIND OF BUSINESS/INDUSTRY Federal Government		
17. FATHER'S NAME (First, Middle, Last) Thomas R. Capes				18. MOTHER'S NAME (First, Middle, Maiden Surname) Florence Pollard			
19a. INFORMANT'S NAME (Type/Print) Peggy Love Andrews Watts				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4027 Adams Drive Wheaton, Maryland 20902			
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Congressional Cemetery 4/26/95		20c. LOCATION — City or Town, State Washington, D.C.			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE ▶				22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 20901			
AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION							
This burial 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 <input type="checkbox"/> cremated <input type="checkbox"/> in the cemetery or crematory named in Item 20b.							
Burial was in Section _____ Lot _____ Grave _____							
I have made the appropriate entry in the cemetery or crematory register.							
Signature _____ 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 Department of Health and Mental Hygiene Division of Vital Records 4201 Patterson Avenue Baltimore, Maryland 21215							
29a. CERTIFIER (Check only one) 1 <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER		29d. DATE SIGNED (Month, Day, Year) ▶	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Joel R. Schulman 9410 Old Georgetown Rd. Bethesda, Md 20814							
31. DATE FILED (Month, Day, Year)				32. REGISTRAR'S SIGNATURE			