

LA. DIVISION OF HEALTH  
OFFICE OF VITAL RECORDS

BURIAL - TRANSIT PERMIT NO.

09 885 #12

NAME OF DECEASED <i>Saulsbury, Luther B.</i>		SEX <i>M</i>	COLOR <i>W</i>	AGE
CITY OF DEATH (CITY OR TOWN) <i>Spent, La</i>	(PARISH) <i>Caddo</i>	(WARD)	DATE OF DEATH <i>1-30-80</i>	

A Certificate of Death having been presented as required by law, permission to dispose of the body of the above named decedent, is hereby granted.

NAME OF FUNERAL DIRECTOR OR OTHER SUCH PERSON <i>Rose Neath</i>	SIGNATURE OF LOCAL REGISTRAR <i>Rose Mary McLawley</i>
TO: ADDRESS OF FUNERAL DIRECTOR <i>Spent La.</i>	BY: PARISH <i>Caddo</i>
	DATE <i>1-30-80</i>

I am duly licensed to practice embalming by the Louisiana State Board of Embalming and Undertaking, or by a similar agency possessing like powers in the State\* of *La.*

I have registered with the authorized Health Department of \_\_\_\_\_ Parish, have complied with laws of the State of \_\_\_\_\_ regarding final disposition of dead human bodies, and have \_\_\_\_\_ this decedent.  
(BURIED, CREMATED, ETC.)

I have prepared the body of this decedent for final disposal as indicated below.

METHOD OF EMBALMING OR PREPARATION <i>Arterial + Conuity</i>	DATE <i>1/30/80</i>	DATE (BURIED, ETC.)	CEMETERY OR CREMATORY & ADDRESS <i>oil city Lakeview Mon. Bur. La.</i>	LOT NO.
EMBALMER <i>Sam Mc Donald</i>	LICENSE NO. <i>E1649</i>	SEXTON'S SIGNATURE	ADDRESS	

This permit must accompany remains to destination. Return permit to Registrar of Parish of burial within 10 days.

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