

Original

# PERMIT FOR REMOVAL AND BURIAL

HIS IS NOT A DEATH CERTIFICATE

DISTRICT No. 3701 REGISTRAR'S No. 2060

ADDING INK—THIS IS A PERMANENT RECORD  
PLEASE PRINTED MATTER CAREFULLY

1. FULL NAME Floyd Leslie STUDY

2. PLACE OF DEATH: (A) COUNTY San Diego  
 (B) CITY OR TOWN San Diego  
 (C) NAME OF HOSPITAL OR INSTITUTION U.S. Naval Hospital  
 (D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)  
 IN HOSPITAL OR INSTITUTION 11 mos 16 days  
 IN THIS COMMUNITY 1 yr 7 mos IN CALIFORNIA 1 yr 7 mos

3. USUAL RESIDENCE OF DECEASED:  
 (A) STATE California  
 (B) COUNTY San Diego  
 (C) CITY OR TOWN San Diego  
 (D) STREET No. U.S. Naval Hospital

20. DATE OF DEATH: MONTH August DAY 29  
 YEAR 1944 HOUR 7 MINUTE 26 p.m.

3. (A) IF VETERAN, NAME OF WAR World War 1  
 3. (B) SOCIAL SECURITY NO. Unknown

4. SEX Male 5. COLOR OR RACE White  
 6. (1) SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced

6. (B) NAME OF HUSBAND OR WIFE Hazel Study  
 6. (C) AGE OF HUSBAND OR WIFE IF ALIVE Unknown

7. BIRTHDATE OF DECEASED July 1 1895

8. AGE 49 YRS. 1 MOS. 28 DYS. IF LESS THAN ONE DAY OLD

9. BIRTHPLACE Indiana

10. USUAL OCCUPATION Chief Torpedoman

11. INDUSTRY OR BUSINESS U.S. Navy

12. NAME Lloyd Study

13. BIRTHPLACE Indiana

14. MAIDEN NAME Ora Andrick

15. BIRTHPLACE Indiana

16. (A) INFORMANT U.S. Naval Hospital

(B) ADDRESS San Diego, California

17. (A) Removal & Burial (B) DATE Sept. 4, 1944

(C) PLACE OF BURIAL, CREMATION OR REMOVAL Rochester, Indiana

18. (A) EMBALMER'S SIGNATURE W. Featheringill LICENSE No. 455

(B) FUNERAL DIRECTOR Johnson - Saum Co

ADDRESS 1408 Fourth Ave., San Diego, Calif.

By Cora S. von Dohren

19. (A) DATE FILED 9/1/44 (B) REGISTRAR'S SIGNATURE Alex M. Lesem, M.D.

21. MEDICAL CERTIFICATE  
 I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED  
 FROM September 13 1943  
 TO August 29 1944  
 THAT I LAST SAW HIM in ALIVE  
 ON August 29 1944  
 AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE  
 I HEREBY CERTIFY, THAT I HELD AN  
 AUTOPSY, INQUEST OR INVESTIGATION  
 ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO  
 H. DEATH ON THE DATE AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH Abscess, hepatic, subdiaphragmatic & pelvic DURATION 2 Weeks

DUE TO Fistula duodenal 6 weeks

DUE TO Adhesions peritoneal 14 yrs

OTHER CONDITIONS Breaking of adhesions 10-6-43

MAJOR FINDINGS: OF OPERATIONS Gastroctomy partial 6-8-43 PHYSICIAN 8-25-44

Incision & drainage abscess of sub-hepatic 7-22-44 OPERATION Entenarrhaphy fistula duodenal

OF AUTOPSY 8-25-44

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

(A) ACCIDENT, SUICIDE, OR HOMICIDE (B) DATE OF INJURY

(C) WHERE DID INJURY OCCUR? CITY OR TOWN COUNTY STATE

(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? WHILE AT WORK? SPECIFY TYPE OF PLACE

(E) MEANS OF INJURY

24. CORONER'S PHYSICIAN'S SIGNATURE A.S. ANGEL, Lt. Cdr. (MC) USN

(SPECIFY WHICH) ADDRESS U.S. Naval Hospital DATE 8-30-44

## LOCAL REGISTRAR'S PERMIT FOR REMOVAL

N. B.—THIS PERMIT CAN BE SIGNED ONLY BY THE LOCAL REGISTRAR (DEPUTY OR SUBREGISTRAR) OF THE PRIMARY REGISTRATION DISTRICT IN WHICH THE DEATH OCCURRED AFTER THE FILING AND ACCEPTANCE OF A COMPLETE AND CORRECT CERTIFICATE OF DEATH LEGIBLY WRITTEN IN DURABLE BLACK INK. A CERTIFICATE OF DEATH HAVING BEEN PRESENTED TO ME, AND AFTER EXAMINATION THE SAME APPEARING TO BE COMPLETE, CORRECT AND SATISFACTORY AS REQUIRED BY LAW, I HAVE FILED IT WITH THE ABOVE STATED LOCAL REGISTERED NUMBER, AND ON THE BASIS THEREOF I HEREBY GRANT A PERMIT TO THE ABOVE NAMED UNDERTAKER FOR THE REMOVAL AND BURIAL OR CREMATION OF THE BODY OF SAID DECEASED PERSON AS STATED ABOVE. IN THE CASE OF DEATH FROM A DANGEROUS OR COMMUNICABLE DISEASE, THE BURIAL OR REMOVAL MUST BE CONDUCTED ACCORDING TO THE RULES OF THE STATE AND LOCAL BOARDS HEALTH.

DATED 9/1 19 44

Alex M. Lesem, M.D.  
LOCAL REGISTRAR

BY W. H. Howe  
CLERK

THIS PERMIT SUFFICIENT FOR THE REMOVAL AND BURIAL OR CREMATION OF A BODY AT DESTINATION AS ABOVE INDICATED (SUBJECT TO LOCAL CEMETERY OR OTHER REGULATIONS).

### Embursement of Sexton or Person in Charge of Premises on Which Interments or Cremations are Made

J. H. Fisher  
(SIGNATURE OF PERSON IN CHARGE OF CEMETERY, CREMATORIUM, ETC.)

Palatka  
(NAME OF CEMETERY, CREMATORIUM, ETC.)

DATE OF INTERMENT OR CREMATION 9-10 19 44  
(STRIKE OUT IF NOT USED)

ORIGINAL TO FOLLOW THE BODY TO ITS DESTINATION—IF BURIAL OR CREMATION TAKES PLACE IN CALIFORNIA, THIS PERMIT MUST BE DELIVERED TO THE PERSON IN CHIEF OF THE CEMETERY OR CREMATORY BEFORE THE BODY IS BURIED OR CREMATED. THE PERSON IN CHARGE MUST RETURN IT, PROPERLY FILLED OUT, TO THE LOCAL REGISTRAR OF HIS DISTRICT WITHIN TEN (10) DAYS FROM THE DATE OF INTERMENT OR CREMATION. IF NO PERSON IS IN CHARGE, THE FUNERAL DIRECTOR MUST SIGN THE ABOVE STATEMENT, WRITING ACROSS THE FACE OF THIS PERMIT THE WORDS "NO PERSON IN CHARGE" AND FILE THE PERMIT WITHIN TEN (10) DAYS WITH THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH THE CEMETERY IS LOCATED.