

NOTICE.—This Permit must be Countersigned by the Local Health Authority—

If death is caused by a communicable disease mentioned in "Rule 2. (Over.)"

If body is to be taken by Hearse, Undertaker's Service Wagon or other private conveyance beyond the boundary line of the County where death occurred and into any other County in Illinois.

APPROVED

Health Officer at

CHICAGO

Date JUL 1 - 1902County Cook

*See Official Rules Governing Transportation of the Dead in Illinois by Common Carrier—reverse side, Form V. S. No. 11

NOTE.—The Issuing Registrar must file this permit in his office as a permanent record when returned to him after the funeral.

County _____ STATE OF ILLINOIS
 Township or Road Dist. _____ Dwight H. Green, Governor
 City, Town or Village CHICAGO DEPARTMENT OF PUBLIC HEALTH

Burial Permit 18614
 Death Certificate No. _____
 (Consecutive Registered No.)

Burial or Removal Permit

A CERTIFICATE OF DEATH OF _____
 SPECIAL PERMIT OR CERTIFICATE (Sections 5 and 11, V. S. Act.)
 (or) { A Transit (from another State) } Permit for body of
 { A Burial or Removal (from another State) }
 { A Disinterment-reinterment }
 (STRIKE OUT THE WORDS ABOVE NOT USED)

(Full Name) William L Mathews
 (Of deceased person)

Sex m Color W; Age 57 yrs., 10 mos., 14 days; Date of Death July 2 1902
 Place of death Michael Reese Hospital

Cause certified by A. Schwartz { M. D. }
 { Coroner }

having been filed with me in proper form and in accordance with the laws of Illinois, I hereby authorize _____ address CHICAGO
 (Name of undertaker or person making burial) (Of undertaker or person making burial)

to remove the body of said deceased person to _____ Cemetery located at _____ in _____ County, and there to _____ body of said deceased person.
 (Location of Cemetery; City, Village, or Twp.) (Inter or Cremate)

to remove the body of said person to Warsaw Indiana for the
 (Or) { purpose of { holding funeral } thence to transport the remains to
 { cremation }
 { holding over 72 hrs. }
Local cemetery for Interment
 (Place of final disposition) (Means of final disposition)

(STRIKE OUT THE WORDS ABOVE NOT USED)

Date JUL 2 - 1902, 19____ (Signed) _____ Registrar
 Registrar's Address _____ Registration Dist. No. 3104

If the decedent served in the military or naval services of the U. S., please indicate _____ Civil War _____ Spanish American War
 _____ World War _____ Peace Time Soldier _____ War _____

This permit may be signed only by the Local Registrar or Sub-Registrar (or in absence of either, by his deputy) of the Registration District in which the death occurred and by him only AFTER the filing and acceptance of a correct certificate of death, or Special Permit or Certificate, as provided for above.
 This permit is sufficient for the Removal of a body to, and Interment or Cremation in any part of Illinois (subject to local cemetery or other regulations), PROVIDED that where removal is by common carrier (rail or boat) a TRANSIT PERMIT will in addition be required. See Rules and Regulations Governing the Transportation of Dead Bodies.
 Sexton or other person in charge of cemetery or burial ground must endorse this permit.
 (See Instructions to Undertakers and Sextons on Reverse Side of This Permit.)

18614

COUPON TO BE DETACHED AND RETAINED BY SEXTON
 (ISSUING REGISTRAR SHOULD FILL OUT THIS COUPON)

Burial Permit No. _____ Registration Dist. No. _____ Date of Burial _____
 Name of Deceased _____ Date of Death _____
 Sex _____ Color _____ Age _____ Yrs., _____ Mos., _____ Days, Place of Death _____
 Cause Certified by _____ M. D. _____ Name of Undertaker _____
 _____ Cor. _____ Address of Undertaker _____
 American War _____ World War _____ Peace Time Soldier _____ Civil War _____ Spanish War _____