

MICHIGAN DEPARTMENT OF HEALTH

Registrar's Permit for

County Berrien Burial or Removal

Township.....

Village.....

No.....

City Niles Date of death Dec. 26 1934Full name Sarah Jane Cochran Age 73 yearsDisease causing death myocardial diseaseMedical attendant L. P. Harrison Proposed date of burial or removal 12-28 1934

Place of burial.....

Place of removal Palestine Ind. via motorUndertaker H. E. Price Address Niles, Mich

A certificate of Death having been filed in my office in accordance with the laws of Michigan, I hereby authorize the Removal

(Burial or Removal*)

of the body of said deceased person as stated above. In the case of death from a dangerous communicable disease, the burial or removal must be conducted according to the rules of the state and local boards of health.

C. J. Harrison
(Registrar of Deaths)

Date 12-28-34 1934 City Clerk
(Official Title)

*Write "Burial" or "Removal" as the case may be. Burial Permits must be delivered by the undertaker to the Sexton. Removal permits must be given to the Agent of Transportation Company, and attached by him to the box containing the body. Subregistrars will write "Sub" before the words "Registrar of Deaths" and "Licensed Embalmer No." below, always giving Number of License.