

State the supposed cause of death, if known or suspected, and the circumstances relating to it, and all further particulars.

(The Constable should state whether it was a sudden death, or whether it was a violent death, as by poisoning, wounds, burns or scalds, accident, suicide, neglect, ill-usage, or if involved in mystery, &c., and give particulars.)

(When anything poisonous is known or is suspected to have caused the death, the remaining portion should be put under seal by the constable, who shall dispose of it as the Coroner shall direct. In difficult or doubtful cases the Constable should attend at the Coroner's office for instructions.)

Where is the body now lying and in what Parish?

If an Inquest is held state place most convenient for so doing.

Name and Address of Registrar, and District for registration of the death.

Full Name, Occupation, and Address of nearest Relative and Witnesses other than Medical.

Name and Address of Undertaker engaged by the Friends of Deceased, and proposed date of burial.

NOTICE OF DEATH. Time and date when received.

From whom received.

Name and Address of Coroner's Officer or Constable sending this Report.

When posted or delivered.

APPENDIX III.

REGULATIONS IN FORCE FOR EXISTING CREMATORIA AND FORMS OF APPLICATION AND OF MEDICAL CERTIFICATES IN USE.

(I). CREMATION SOCIETY OF ENGLAND.

(a) General Instructions.

The attention of Applicants for Cremation is particularly called to the following points:—  
Immediately on death the name and address of the medical man who attended the deceased should be sent to the office of the Society. At the same time, or as soon after as possible, the name and address of the medical man who will give the second certificate should also be sent. The ordinary Registrar's Certificate for Burial is also required, but this will be returned to the undertaker conducting the funeral.  
[Then follow instructions as to the size and nature of the coffin, &c.]  
No inspection of the actual process of Cremation is permitted.

(b) Form of Application for Cremation from Executor or the nearest Relative of Deceased.

I, (Name)  
(Address)  
(Occupation)

hereby request the Cremation Society of England to undertake the Cremation of the body of \_\_\_\_\_ and I certify that the deceased expressed no objection (orally or in writing) to being cremated after death.  
Medical Certificates of the cause of death will be given by \_\_\_\_\_

Here state the Names of the two medical men who will give the certificates mentioned in Rule, 1, placing the name of the one who attended the deceased first.

1. (Name)  
(Address)

2. (Name)  
(Address)

Signature of Applicant for Cremation  
(Here state whether Executor or how related)

NOTE.—When no Certificate can be given by the Medical Attendant, an Autopsy must be made and certified by a Medical Officer appointed by the Society, and at the expense of the Applicant or of the Estate of the deceased. The fees (if any) to the medical men for giving the above certificates must be paid by the applicant for Cremation.

IMPORTANT.—This form, when filled in, is to be returned to the Office of the Cremation Society, 324, Regent Street, W., together with the ordinary certificate for burial.

(c) Forms of Medical Certificates.

CERTIFICATES OF THE CAUSE OF DEATH AND CIRCUMSTANCES CONNECTED THEREWITH.

Statement respecting deceased. Name of the deceased in full  
Place of Residence  
Age  
Date of Death  
Married or Single  
Did die at own residence  
If not, at a friend's house, lodging-house, hotel, nursing house, or other place, to be named

Certificate No. 1. The following to be answered by the Medical Man who personally attended deceased.

1. How long have you professionally known and attended?  
2. What was the duration of h last illness; did you attend h throughout; and on what date did you see h last?  
Did you personally ascertain that death had taken place, and that the body was that of the above named?

4. What was the nature of the disease or injury—privation or neglect, if any—causing death [mentioning its duration in years, months, or less]?
5. \*State definitely the nature of the immediate or proximate cause of death [mentioning the duration of the final stage or attack in days, hours, or less].
6. Had any surgical operations been performed during the last few months, and if so, of what nature?
7. Is the above report, regarding the questions marked \* based on a necropsy, or on your personal knowledge of the course of the disease during h last illness?
8. With your knowledge of h age, constitution and habits, does the character of the fatal attack suggest any doubt whatever as to its cause, or whether circumstances exist leading you to believe that a further examination of the body is desirable?

Registered Qualifications The Medical Attendant will sign.

Date Signed

**TO BE SIGNED BY SECOND MEDICAL MAN.**

Certificate No. 2, I certify that I have, in relation to the expressed desire that the deceased should be Cremated, carefully and separately investigated the circumstances connected with the death. I declare that there are no circumstances connected with it which could, in my opinion, make exhumation of the body hereafter necessary.

Signed The Second Opinion to be signed here.  
Professional Title  
Address

Date

N.B.—The Cremation Society reserves to itself the right of refusing to carry out Cremation in any case without assigning any reason.

ENCLOSURE.]

Private and Confidential.]

**(d) Society's Letter of Instructions to Medical Men.**

Dear Sir,

Re Proposal to Cremate the Late

Your name having been sent us by the relatives of the above deceased as being acquainted with the particulars required for the certificate of death, which is sent you by the Cremation Society of England, relative to the case above-named, will you kindly oblige me by supplying these on the enclosed form.

It should be borne in mind that if there is the slightest doubt as to the nature of the disease or injury which caused death, or if it has run a more rapid course than is usual—without in the least degree implying any suspicion of misadventure, injudicious management on the part of the attendants, much less of foul play—you will state the facts named, unless indeed an autopsy has been performed, as in such circumstances would be desirable, the result of which will of course be set forth in your certificate.

Any communication to me direct, if thought desirable, would be regarded in the strictest confidence, and if it led me to recommend burial rather than Cremation, my action would not lead to any suspicion that a private communication had been received.

You will, I am sure, feel with me how important it is to take every possible precaution to avoid the practice of Cremation, whenever doubt exists as to the cause of death, lest the process should be rendered the means of destroying traces of violence, or of poison administered either by accident or design.

I am, Dear Sir,  
Yours faithfully,  
Henry Thompson,

President of the Cremation Society of England.

To

P.S.—In obtaining the second medical man's signature kindly hand him this letter.

**(e) Form of Register of Cremation.**

Name	Cremation No.		
ex	Age		
Date of death			
Residence			
Description			hrs. mins.
Place of Cremation	Date	Duration	
How Ashes disposed of			
District where death Publicly Registered			
Name of Applicant for Cremation			
Address			
Cause of Death			
Names of Certifying Practitioners or of Coroner after inquest.			
Undertaker			
Remarks			

**(2). Manchester Crematorium.**

The requirements and forms are practically the same as those of the Cremation Society of England, except that there is a provision that the second medical certificate must be given by someone who is not related to the deceased; and that the following additional question has to be answered in the certificate of the Medical Attendant, viz.: Does there exist, to the best of your knowledge and belief, any reason why the body should not be cremated?

**(3). Liverpool Crematorium.**

The Medical Certificates are in the following forms:—

**MEDICAL CERTIFICATE NO. 1 OF THE CAUSE OF DEATH, AND CIRCUMSTANCES CONNECTED THEREWITH.**

Name of the Deceased in full  
Residence  
Occupation Age Single or Married  
Did he die at h own Residence?  
If not, where?

The following to be filled in by the Medical Practitioner who Personally attended the deceased.

I hereby certify that I attended at that h age was stated to be ; that during this illness I first saw h on the during h last illness ; I day of ; that I last saw h alive on the day of ; that h died\* on the day of ; that I saw and identified the body on the day of ; that to the best of my knowledge and belief, the cause of h death was as hereunder written:—

	Cause of Death.†	Duration of Disease.†
Primary		
Secondary		

\* "As I have been informed," to be inserted if necessary, otherwise the space to be effaced.  
† To be stated as in the Certificate to the Registrar.

And in regard to the above certificate, I declare that I have personally known the deceased since ; that from my knowledge of h and the course of the above-mentioned disease, I have no doubt as to the cause of death; and that, to the best of my knowledge and belief, there is no reason why the body of the deceased should not be cremated.

Date Signature  
Registered Qualifications  
Residence

**MEDICAL CERTIFICATE NO. 2 OF THE CAUSE OF DEATH, AND CIRCUMSTANCES CONNECTED THEREWITH.**

This Certificate must be signed by any second Medical Practitioner who has seen the deceased during the last illness. If only one medical practitioner saw the deceased during the last illness, another must be asked to view the body, and confer with the medical attendant, so as to be able to sign the following certificate.

I hereby certify that I have, with regard to the expressed desire that the body of the deceased should be cremated, carefully investigated the circumstances connected with the death of of

To be modified if not strictly applicable. I saw the deceased during h last illness in conjunction with Dr who has signed Certificate No. 1.

I concur as to the cause of death stated in Certificate No. 1. To the best of my belief there are no circumstances connected with the death which require a coroner's inquest, or which could give rise to subsequent judicial inquiry.

Date Signature  
Registered Qualifications  
Residence

**(4). Glasgow Crematorium.**

The requirements and forms are practically the same as those of the Cremation Society of England, except that the following additional questions have to be answered in the certificate of the Medical Attendant, viz. :-  
Does there exist, to the best of your knowledge and belief, any reason why the body should not be cremated?  
Are you in any way related to deceased?

**(5). Darlington Crematorium.**

The requirements and forms are practically the same as those of the Cremation Society of England, except that the following additional question has to be answered in the certificate of the Medical Attendant, viz. :-  
Does there exist, to the best of your knowledge and belief, any reason why the body should not be cremated?

**(6). Hull.**

Bye-laws made by the Mayor, Aldermen, and Citizens of the City and County of Kingston-upon-Hull (hereinafter called "the Corporation"), under the Powers conferred on the Corporation by Section 40 of the Kingston-upon-Hull Corporation Act, 1897.

1. All applications for Cremation shall be made in writing to the Corporation by the Executor, or nearest relative of the deceased, or by the person having the custody and charge of the remains of the deceased, and such application shall be in the form following, or to the like effect :-

**THE HULL CREMATORIUM.**

Application for Cremation to be signed by the Representative of the Deceased.

I, \_\_\_\_\_ of \_\_\_\_\_ in the City and County of Kingston-upon-Hull (occupation) \_\_\_\_\_ hereby request the Hull Corporation to undertake the Cremation of the body of \_\_\_\_\_ (name) \_\_\_\_\_ of \_\_\_\_\_ in the City and County of Kingston-upon-Hull (occupation) \_\_\_\_\_ who died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

The death of the said \_\_\_\_\_ has been duly registered and the Burial Certificate granted by the Registrar on such registration is enclosed herewith.

\* I am \_\_\_\_\_ I undertake to abide by and carry out the General Instructions of the said Corporation, and I absolve the Corporation from all responsibility through any accident arising to any Urn, Niche, Tablet, or Monument of the deceased, or through the destruction of the Crematorium by fire, civil tumult, the act of God, or through any other cause whatever.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_ (Signature)

2. Two certificates in the form hereinafter set out, from duly qualified medical men (one at least of whom must have attended the deceased), shall be furnished to the Corporation.

The Corporation may require, as a condition of Cremation, that an autopsy be made at the cost of the party making the application for Cremation, and reserve to themselves the right of refusing to carry out Cremation in any case without assigning a reason.

**THE HULL CREMATORIUM.**

First Medical Certificate of the Cause of Death.

To the Hull Corporation.

I hereby certify that I attended \_\_\_\_\_ Address \_\_\_\_\_ (Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (Profession or Occupation) \_\_\_\_\_

aged \_\_\_\_\_ ; that I last saw h \_\_\_\_\_ on \_\_\_\_\_ 19 \_\_\_\_\_, that he died on \_\_\_\_\_ at \_\_\_\_\_ ; and that the cause of death was as hereunder written :-

Cause of Death.	Time from Attack till Death.	Signed	The Medical Attendant will sign here.
(a) First	†	Prof. Title _____ Address _____	
(b) Second	†	Date _____	

This Certificate must be signed by a Registered Medical Practitioner.

\* Here insert "executor of the deceased," or "nearest relative of the deceased, or "the person having the custody and charge of the remains of the deceased."  
† The Time for each form of disease or symptom is reckoned from its commencement.

**THE HULL CREMATORIUM.**

Second Medical Certificate.

I certify that I have, in relation to the expressed desire that the deceased should be cremated, carefully and separately investigated the circumstances connected with the death. I declare that there are no circumstances connected with the death which could, in my opinion, make exhumation of the body hereafter necessary.

Signed \_\_\_\_\_  
Professional Title \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_  
The Second Medical Man will sign here.

This Certificate must be signed by a Registered Medical Practitioner, but not the Practitioner who signs the first Certificate.

3. These Bye-Laws shall come into force on the Fifteenth day of October, One thousand nine hundred.

Given under the Corporate Common Seal of the Mayor, Aldermen and Citizens of the City and County of Kingston-upon-Hull, the Eighth day of October, One thousand nine hundred.



E. Laverack,  
Town Clerk.

**EXTRACT FROM INSTRUCTIONS TO THE PUBLIC.**

To arrange for a Cremation.

To arrange for a Cremation the following steps have to be taken by the representative of the deceased :-

1. Communicate with the Superintendent, Hedon Road Cemetery, Hull—Telegrams, "Crematorium, Hull"—who will send full instructions and give every possible help.
2. Fill in all blank places on the Particulars required for Cremation and the Application for Cremation, and return same to the Superintendent immediately, with cheque for fees as set out on page 17 [of handbook].
3. The Undertaker must be informed that no deviation from the instructions on page 25 [of handbook] will be permitted.
4. Deliver immediately the combined Medical Certificates to your own medical man who has attended the deceased, the First Medical Certificate to be filled in by him, and forwarded by him or by you to the second medical man for filling in the Second Medical Certificate. They must not both be filled in by the same medical man.
5. \*When both these Certificates are filled in they must be forwarded immediately to the Superintendent.
6. Take the usual statutory certificate—viz., that always obtained—of the cause of death, as filled in by the deceased's medical man, to the Registrar of Births and Deaths of the District in which the death took place, from whom an Order for Burial will be obtained, which must be sent to the Superintendent, together with the two Medical Certificates.\*

**(7). Leicester.**

Bye-Laws made by the Mayor, Aldermen and Burgesses of the Borough of Leicester (hereinafter called "the Corporation"), under the Powers conferred on the Corporation by Section 36 of the Leicester Corporation Act, 1897.

1.—Every application for cremation at the Crematorium provided by the Corporation at the Gilroes Cemetery under the powers conferred by Section 36 of the Leicester Corporation Act, 1897, shall be made in writing to the Corporation by the Executor, Administrator, or nearest relative of the deceased, or by the person having the custody and charge of the remains of the deceased, and such application shall be in the following form, or to the like effect :-

**THE LEICESTER CREMATORIUM.**

Application for Cremation to be Signed by the Representatives of the Deceased.

I (1) \_\_\_\_\_ hereby request the Leicester Corporation to undertake the cremation of the body of (2) \_\_\_\_\_ who died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

\* The Medical Certificates, and the Order for Burial, must in all cases reach the Superintendent at least 24 hours before the time fixed for Cremation.

- (1) Name, address and occupation of representative of deceased.
- (2) Name, address and occupation of deceased.

The death of the said \_\_\_\_\_ has been duly registered and the (3) Burial Certificate granted by the Registrar on such registration is enclosed herewith.  
I am (4) \_\_\_\_\_ of the deceased.

I undertake to abide by and carry out the Bye-laws of the Corporation and the Instructions to Undertakers, and I absolve the Corporation from all responsibility through any accident arising to any Urn, Niche, Tablet, or Monument of the deceased, or through the destruction of the Crematorium by fire, civil tumult, the act of God, or through any other cause whatever.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

Signature \_\_\_\_\_

2.—Before a cremation of human remains is permitted to take place in the Crematorium, the following certificates and Declarations shall be given or made and furnished to the Corporation, namely :—

(a.) In the case of any person who has been attended during his or her last illness by a registered Medical Practitioner, a copy of the certificate of death required by the Acts relating to the Registration of Deaths to be given by such Medical Practitioner, together with a declaration confirming such certificate made by such Medical Practitioner under and by virtue of the Statutory Declarations Act, 1835, in the form No. 1 hereinafter set out.

(b.) In the case of any person who has not been attended during his or her last illness by a registered Medical Practitioner, a certificate of the finding of the Jury furnished by the Coroner, together with a declaration confirming such certificate made by the Coroner under and by virtue of the Statutory Declarations Act, 1835, in the form No. 2 hereinafter set out.

(c.) In each of the before mentioned cases a further statutory declaration made under and by virtue of the Statutory Declarations Act, 1835, by an independent Registered Medical Practitioner in the Form No. 3 hereinafter set out.

#### FORM OF STATUTORY DECLARATION, No. 1.

I \_\_\_\_\_ of \_\_\_\_\_ being a Registered Medical Practitioner do solemnly and sincerely declare that I attended \_\_\_\_\_ of \_\_\_\_\_ aged \_\_\_\_\_ during his last illness, and I hereby confirm the annexed certificate of the cause of death.

I declare that I have carefully investigated the circumstances connected with the death, and that there are to the best of my knowledge and belief no circumstances connected with the death which could make cremation of the remains undesirable or the exhumation of the body hereafter necessary; and I make this solemn declaration, conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations Act, 1835.

#### FORM OF STATUTORY DECLARATION, No. 2.

I \_\_\_\_\_ of \_\_\_\_\_ being the Coroner for \_\_\_\_\_ do solemnly and sincerely declare that I held an inquest on the body of \_\_\_\_\_ aged \_\_\_\_\_ and I hereby confirm the annexed certificate of the finding of the Jury.

[Second paragraph similar to that in the Declaration above].

#### FORM OF STATUTORY DECLARATION, No. 3.

I \_\_\_\_\_ of \_\_\_\_\_ being an independent Registered Medical Practitioner, do solemnly and sincerely declare that I have, in relation to the expressed desire that the remains of the person described in the annexed Declaration of \_\_\_\_\_ should be cremated, carefully and separately investigated the circumstances connected with the death.

[The rest same as in second paragraph of 1st Declaration].

3.—The Corporation may require, as a condition of cremation, that an autopsy be made at the cost of the party making the application for cremation, and reserve to themselves the right of refusing to carry out cremation in any case without assigning a reason.

[The remaining bye-laws relate to the mode of cremation, nature and size of coffin, &c.]

Given under the Corporate Common Seal of the Mayor, Aldermen and Burgesses of the Borough of Leicester the Twenty-fifth day of March, One Thousand nine hundred and two.

Thomas Windley,  
Deputy Mayor.

Common  
Seal.

Approved,  
Whitehall, 16 June 1902.

Chas. T. Ritchie,  
One of His Majesty's Principal Secretaries of State.

(3) If there has been an Inquest and a Coroner's Order for Burial given, substitute for the remainder of this paragraph "Coroner's Order for burial is enclosed herewith."

(4) Here insert "executor, "administrator," "nearest relative," or "the person having the custody and charge of the remains."

#### APPENDIX IV.

#### REGULATIONS AS TO CREMATION IN FORCE IN FOREIGN COUNTRIES.

##### (1). CONDITIONS PRECEDENT TO CREMATION.

###### United States of America.

There is no federal legislation in the U.S. governing the practice of cremation, except the Act for the District of Columbia, a copy of the pertinent section of which is given below.

Except those of Massachusetts and California, no State has found it necessary to enact special cremation laws. A copy of the Massachusetts laws on the subject is given below.

In California the Act of 1899, reviving the Act of 1859, which is merely formal in its wording, authorises cemetery associations to erect or lease buildings for cemetery purposes, and also for the cremation of human bodies. Under the amendment to the Penal Code, Section 377, 1889, it is a misdemeanour to cremate any human body without having first obtained a permit from the Health Officer, and twenty-four hours' notice must be given before such permit can be issued. Beyond the general health laws, there is no other law in force affecting cremation.

In all the other States where crematoria exist crema-

tion is carried on under the ordinary burial laws, no special regulations being in force. This is also the case as regards the various municipalities. Thus the city of Philadelphia possesses no special regulations on the subject beyond that, as in the case of any other form of burial, a certificate from the attending physician, who is registered with the City Board of Health, is required to be presented, and a permit for cremation is then issued. The only exception, it is believed, is the municipality of St. Louis. A copy of the special regulations in force in that city is given below.

The various crematoria are usually the property of private corporations organised, except in Massachusetts, where special legislation prevails, under the ordinary laws of the State in which they are situated, and, as such, empowered to issue such bye-laws as do not conflict with the State laws. Typical examples are the Michigan Cremation Association, whose premises are near Detroit, and the United States Cremation Company, of New York.

###### MASSACHUSETTS—REVISED LAWS GOVERNING CREMATION.

###### Revised Laws, Chap. 78, Par. 9.

Every such Corporation (i.e., a Corporation established for the purpose of incinerating dead bodies) may make bye-laws and regulations consistent with law, and subject to the approval of said State Board (the State Board of Health), for the reception and cremation of bodies of deceased persons, and for the disposi-

tion of the ashes remaining therefrom, and shall carry May make on all its business in accordance with such regulations bye-laws and as said Board shall from time to time establish and rules subject furnish in writing to the Clerk of the Corporation, and to the ap- for each violation of said regulations it shall forfeit not proval of the less than twenty nor more than five hundred dollars. State Board.

###### Revised Laws, Chap. 24, Par. 22.

No body of a deceased person shall be cremated within forty-eight hours after decease, unless death was occasioned by contagious or infectious disease, and no body shall be received or cremated by said corporation until its officers have received the certificate of burial, together with a certificate from the medical examiner of the district within which the death occurred that he has viewed the body, and made personal inquiry into the cause and manner of death, and is of opinion

that no further examination nor judicial inquiry con- No body to cerning the same is necessary. For such view, inquiry, and certificate he shall receive the fees prescribed by within 48 section nine of chapter twenty-six of the Public Statutes for hours after death. a view without an autopsy by examiners in counties other than Suffolk County. Medical examiners within Certificate of their respective districts shall make such view and in- quiry upon application therefor and payment or tender of said fees. medical ex- aminer. required in addition to usual certifi- cate. Fees of medical examiner.

###### ST. LOUIS, MISSOURI.

Section 864.—Cremation, Regulations of.—Whenever the friends or relatives of any person who shall have died in this city shall desire to have the body of such person cremated by an association duly organised by law for the purpose of cremating dead human bodies, they shall first file in the office of the Health Commissioner certificates made out in duplicate, and signed by the physician who attended the person in his or her last illness, and in case there has been no attending physician, such certificate must be signed by the coroner of the city. Said certificate shall state the name, age, sex, colour, place of birth (when known), the exact locality and date of death, together with the name of the disease or cause of death from which such person died. Accompanying said certificate shall be a request in writing, signed by the friends or relatives, stating that they desire to have the body of the person named in the certificate cremated. When such certificate and request have been properly signed and delivered to the

Health Commissioner, he shall issue a permit setting forth the facts, and giving permission for the cremation of such body.

Section 865.—Body Brought to City for Cremation—Certificate Required.—Whenever any body of any person who shall have died elsewhere shall be brought into this city for the purpose of being cremated, the parties shall file with the Health Commissioner the certificate of the legally constituted authorities, authorised to issue such permit, of the place from whence the body has come, stating the cause or disease of which the person has died, and that the body is being taken to the city for the purpose of cremation.

Section 866.—Body not to be Received at Crematory without Permit.—No person in charge of, or having charge of, any crematory shall receive at said crematory, or allow to be cremated at said crematory, the body of