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BUFFALO CREMATION COMPANY, Ltd.

Record of Cremation No. J 870 Permit No. ....

Name of Deceased Bertha Carson Sex F

Address .....

Town, Street and Number

Place of death Bldg .....

Town, Street and Number

Date of death 7-30-81 .....

Date of birth  (or age) 90 years

Cause of death  .....

Date and hour of Cremation ..... 19..... at ..... M.

Disposition of cremated remains Hold for FH. .....

Urn (material)..... (B. C. Co. Classification)..... Price \$ .....

Columbarium niche No. .... Row .....

Name and address of attending physician *Dr. Schueler*

*Buffo*

Name and address of funeral director or person in charge

*Marvin Malzan*

*Buffo*

Name and addresses of nearest living relatives

I hereby certify to the above report.

*Harold Goings*

Superintendent

Date *2-5-21* 19.....

RECEIPT FOR CREMATED RETURNS

Date ..... 19.....

Received from Buffalo Cremation Co., Limited, Cremated Returns of Deceased as Reported Hereon.

*J. E. ...*