

J. FERGUSON & SON PTY. LTD.

Branch Office

Mr. **FERGUSON** *Company*
 Name of Deceased Mrs. **MISS**

Usual Residence **110 Franklin Ave. Boston**

Date of Death **13th January 1957** Age **77**

Cremation **ashes now kept**

Burial **17/3/1957**

Grave No. **9226** Section No. **7** Denomination **W.P.** Depth **2 1/2**

Date of last Burial and Name **17/3/1957**

Name for Deed (in full) **MISS**

Is Minister Required **MISS**

Newspaper Notices **MISS**

Name of Doctor **MISS**

Address of Doctor **MISS**

Where is the Body? **MISS**

If to be Removed **MISS**

Funeral to leave from **MISS**

Day of Funeral **MISS**

Time of Funeral — Service **MISS** Leave **MISS** At Cemetery **MISS**

Hearse **MISS**

Casket **MISS**

Funeral **MISS**

Press Notices **MISS**

Cemetery Fee **MISS**

Clergy **MISS**

Removal Fee **MISS**

Saturday Charges **MISS**

Cremation Certificate Doctor **MISS**

Health Officer Certificate Doctor **MISS**

Surcharge to be deducted in full if account **MISS**

paid within 60 days of funeral **MISS**

I order the Funeral described, and I agree to pay **MISS**

Signature **MISS**

Address **MISS**

Telephone **MISS**

Funeral **MISS**

Press Notices **MISS**

Cemetery Fee **MISS**

Clergy **MISS**

Removal Fee **MISS**

Saturday Charges **MISS**

Cremation Certificate Doctor **MISS**

Health Officer Certificate Doctor **MISS**

Surcharge to be deducted in full if account **MISS**

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