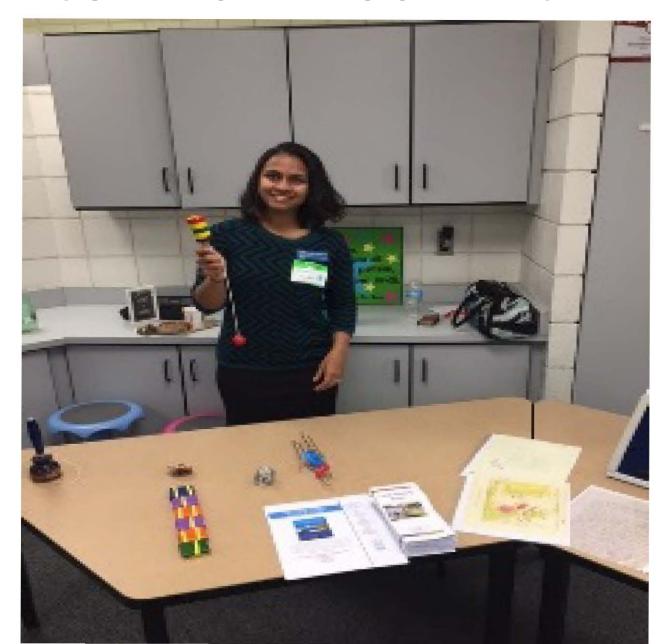


NOVI HISTORICAL COMMISSION

PRESENTATION TO NOVI CITY COUNCIL 3/12/18

COMMUNITY OUTREACH







PROGRAMS





Novi Cemetery Tour









a . alland mone	AN DEPARTMENT OF HEALTH
7/1/ // //	Registrar's Permit for
Village Troumury	Burial or Removal No
City.	Tate of death 200 3 193/
Full name Sun 18	sodell Age X years
Disease causing death Them	if preferency
Medical attendant De Short	Proposed date of burial or removal \ 200 (e. 193)
Place of burial Mong	
Place of removal Stocker	ille via Rule
Undertaker 9 Could	Address.
A certificate of Death having been filed in	my office in accordance with the laws of Michigan, I hereby
authorize the	Buryal
authorize the Bu	rial or Removal*)
authorize the Bu of the body of said deceased person as stated a	Buryal
authorize the Bu of the body of said deceased person as stated a	rial or Removal*) above. In the case of death from a dangerous communicable daccording to the rules of the state and local boards of health.
authorize the Bu of the body of said deceased person as stated a	rial or Removal*) above. In the case of death from a dangerous communicable daccording to the rules of the state and local boards of health.
authorize the Bu of the body of said deceased person as stated a	rial or Removal*) above. In the case of death from a dangerous communicable d according to the rules of the state and local boards of health. (Registrar of Deaths)
of the body of said deceased person as stated a disease, the burial or removal must be conducted. *Write "Burial" or "Removal" as the case to the Sexton. Removal permits must be given	rial or Removal*) above. In the case of death from a dangerous communicable daccording to the rules of the state and local boards of health.

Form 26 [93]	STATE OF MICHIGAN.
County Elaklana	REGISTRAR'S No
Township (Lawi	
Village	Permit for Burial or Removal.
	uth Ghasch - 1 - 190 7
Full name for his	rles To saluelle, 43 yrs.
DISEASE CAUSING DEATH CA	used by true falling in him
Medical)	Proposed date of Committee of Proposed date of Committee of Proposed date
attendant A Mal	Contained or removal \ Proposition 190.2
Place of burial (A	iai
Place of removal	via
Undertaker of choice	her Bress Chymank
THE RESERVE THE PROPERTY OF THE PERSON OF TH	H having been filed in my office in accordance with
Public Act No. 217 of 1897, I 1	nereby authorize the dural
of the body of said deceased per	son as stated above. In the case of death from a
dangerous communicable diseasording to the rules of the State	ase, the burial or removal must be conducted ac-
cording to the rules of the state	and room springs of noung.
	Registrar of Deaths.
Dated hord 4 190	And the desired when the desired of the second of the seco
Dated 112 30 - 1	Clerk of Suc

and attached by him to box containing body.

*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 box containing body. Subregistrars will write "Sub" before the words "Registrar of Deaths" and "Licensed Embalmer No." below, always giving No. of License.

County Mayne STATE OF MICHIGAN Form 26-8-13-40,000
Township DEarborn REGISTRAR'S
NO
Permit for Burial or Removal
Full Name J. a. Richardson Age 56 yrs.
Full Name X. W. Michardson Age 56 yrs.
11 - 5 - 6 10 - 8 11 - 12 - 0 - 1
Medical Samure Ord Proposed date of aug 13"1919 Coroner burial or removal 3"1919
Place of Burial Coroner
Place of removal Mori Mich via auto
Place of removal
Undertaker Melson Schrader Address Morthnews, Mich
A certificate of death having been filed in my office in accordance with the laws of Michigan, I hereby authorize the (Burial or Removal*)
of the body of said deceased person as stated above. In the case of death from a danger- ous communicable disease, the burial or removal must be conducted according to the rules of the State and local boards of health.
Dated aug 13' 19 (Registrar of Deaths.) Official Title.
*Write "Burial" or "Removal" as the case may be. Burial permits must be delivered by the

*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 box containing body. Subregistrars will write "Sub" before the words "Registrar of Deaths" and "Licensed Embalmer No.—" below, always giving No. of License.

是是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
County Mayne MICHIGAN DEPARTMENT OF HEALTH
Township / Registrar's Permit for
Village Work No. Burial or Removal No.
City Date of death June 24 19-32
Full name Moses & Olix Age 3 years
Disease causing death Killed by hair
Medical attendant (Corna Humb Charles or removal) 19
Place of burial // /
Place of removal Mountally a and
Undertaker Ocharly Os Karess Horling
A certificate of Death having been filed in my office in accordance with the laws of Michigan, I hereby
authorize the (Burial of 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.
Date Juny 28 1932 (Registrar of Deaths) Lut
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 hox containing body. Subregistrars will write "Sub" before the words "Begistrar of Deaths" and

'Licensed Embalmer No....." below, always giving No. of License.

To the OAKLAND COUNTY TAX ALLOCATION BOARD Pontiac, Mich									
WM MAIRS, SEC. NOVI TWP. 8 NOVI NOVI MICH.									
Fractional with:									
ESTIMATED EXPENSE	AMOUNT		ESTIMATED RECEIPTS	AMOUNT					
General Control	225	00	Estimate-On Hand July 1st	200	0				
Instruction	6100	00	Delinquent Taxes	1500					
Aux'ly & Coord.Activities	450	0.0	Primary Money	1573	00				
Operation	1700	00	Primary Supplement	1833	00				
Fixed Charges	75	00	Equalization	11	00				
Maintenance	475	_	Tuition_	1500	1117.0				
Debt Service Since November 8, 1932	3000	00	Miscellaneous	10	0				
Capital Outlay	25	00	Library	10	00				
			0						
TOTAL ESTIMATED EXPENSE			TOTAL ESTIMATED REVENUE						
TOTAL ASSESSED VALUATION OF SCHOOL DISTRICT	5-00.00	1000	TOTAL AMOUNT TO BE 3-3 RAISED BY TAXATION 5-3 L DISTRICT REQUEST? 4 2	88.	00				

1934 Rate Used // + 1937 Tax Rate Set By Allocation Board

Signed by__

Chairman

1935 Rate Used // +

1936 Rate Used 10 1/2+



