

EXECUTIVE COUNCIL.

No. 463.

Regulations made by the Governor in Council under section 5 of the Cremation Ordinance, 1914, Ordinance No. 5 of 1914, on the 2nd day of September, 1920.

The Regulations published on pages 77 to 82 both inclusive of the Regulations of Hongkong, 1914, are hereby amended as follows:—

1. There shall be inserted at the beginning of Regulation 9 before the words “No permit for cremation shall be issued” the following words “Subject to the provisions of Regulation 10,” and after the word “death” in the third line of paragraph (a) thereof the following words “, accompanied by a certificate in Form 1A in the Schedule,”.

2. There shall be added to Regulation 10 the following clause:—

“Provided also that the Head of the Sanitary Department in any case in his absolute discretion may dispense with a further certificate in Form 2 required by paragraph (a) of Regulation 9.”

3. There shall be added to the Schedule the Form 1A set out below.

4. Form 2 of the Schedule is hereby cancelled and the Form 2 set out below substituted therefor.

W. J. CARRIE,
Clerk of Councils.

COUNCIL CHAMBER,
2nd September, 1920.

Cremation Ordinance, 1914.

FORM No. 1A.

Certificate of Medical Attendant.

I am informed that application is about to be made for the cremation of the remains of:—

Name of deceased

Address

Occupation

Having attended the deceased before death, and seen and identified the body after death, I give the following answers to the questions set out below:—

1. On what date, and at what hour did he or she die?
2. What was the place where the deceased died? (Give address and say whether own residence, lodgings, hotel, hospital, nursing home, etc.)
3. Are you a relative of the deceased? If so, state the relationship.
4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased?
5. Were you the ordinary medical attendant of the deceased? If so, for how long?

6. Did you attend the deceased during his or her last illness? If so, for how long?
7. When did you last see the deceased alive? (Say how many days or hours before death.)
8. How soon after death did you see the body, and what examination of it did you make?
9. What was the cause of death? { Primary.
Secondary.
(Specify the disease, injury, etc., and if possible distinguish the primary from the secondary cause as in the Death Certificate.)
What was its duration in years, months, or days?
10. What was the mode of death? (Say whether syncope, coma, exhaustion, convulsions, etc.)
What was its duration in days, hours, or minutes?
11. State how far the answers to the last two questions are the result of your own observations, or are based on statements made by others. If on statements made by others, say by whom.
12. Did the deceased undergo any operation during the final illness or within a year before death. If so, what was its nature, and who performed it?
13. By whom was the deceased nursed during his or her last illness? (Give names, and say whether professional nurse, relative, etc. If the illness was a long one, this question should be answered with reference to the period of four weeks before the death.)
14. Who were the persons (if any) present at the moment of death?
15. In view of the knowledge of the deceased's habits and constitution, do you feel any doubt whatever as to the character of the disease or the cause of death?
16. Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly, to
(a) violence;
(b) poison;
(c) privation or neglect?
17. Have you any reason whatever to suppose a further examination of the body to be desirable?
18. Have you given the certificate required for the registration of death?

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief, and that there is no circumstance known to me which can

