

**CARNES BROTHERS FUNERAL HOME
FUNERAL RECORD**

Death Certificate
Sent to Dr. _____
Filed _____

NAME _____
FIRST MIDDLE LAST MAIDEN

NAME FOR PAPER _____

DATE OF DEATH _____ TIME _____ RACE _____

HISPANIC ORIGIN YES NO IF YES, SPECIFY _____
(MEXICAN, CUBAN, BRAZILIAN)

DATE OF BIRTH _____ AGE _____
YEAR MONTH DAY

PLACE OF DEATH

HOSPITAL INPATIENT ER/OUTPATIENT DUA
OTHER NURSING HOME RESIDENCE OTHER

COUNTY _____ CITY OR PRECINCT # _____

HOSPITAL OR STREET ADDRESS _____ INSIDE CITY LIMITS? _____

BIRTHPLACE _____ COUNTRY? _____
CITY, STATE OR FOREIGN COUNTRY

DOCTORS NAME AND ADDRESS _____

MILITARY SERVICE

YES NO

BRANCH _____ SERVICE # _____ RANK/RANK _____

ENLISTMENT DATE AND PLACE _____

DISCHARGE DATE AND PLACE _____

MARRIED WIDOWED NEVER MARRIED DIVORCED

SURVIVING SOPUSE (MAIDEN) _____

SOCIAL SECURITY # _____ BIRTHDATE _____

EDUCATION GRADES (0-12) COLLEGE (1-4 OR 5+)

OCCUPATION _____ INDUSTRY _____

RESIDENCE STATE _____ COUNTY _____ CITY _____

STREET ADDRESS _____
INSIDE CITY LIMITS? _____

FATHER'S NAME _____ BIRTHPLACE _____

MOTHER'S (MAIDEN) NAME _____ BIRTHPLACE _____