## CARNES BROTHERS FUNERAL HOME FUNERAL RECORD

Death Certificate						
Sent to Dr.					A	
Filed						
NAME		MIDDLE	LAST		MAIDEN	
DATE OF DEATH			T	ME	RACE	
	☐ YES ☐ NO II	NO IF YES, SPECIFY (MEXICAN, CUBAN, BRAZILIAN)				
		AGEAGE				
DATE OF BIRTH	YEAR MO	ONTH	DAY	AGE		
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PLACE O				
		INPATIENT	ER/OUTPATIENT			
	OTHER I NURSING HOME I RESIDENCE I OTHER  CITY OR PRECINCT #					
COUNTY		CITY	OR PRECINCIT#_			
HOSPITAL OR STREE				INSIDE CIT		
BIRTHPLACE			COL	JNTRY?		
DOCTORS NAME ANI	ADDRESS					
		MILITARY  VES				
DD 4 MOLE	,			RANK/RANK		
	AND PLACE					
	ND PLACE					
☐ MARRIED	□ WIDOWED	□ NI	EVER MARRIED		DIVORCED	
•	MAIDEN)					
SOCIAL SECURITY #	BIRTHDATE					
EDUCATION	☐ GRADES (0-12)		☐ COLLEGE (1-4	OR 5+)		
OCCUPATION		[1]	NDUSTRY			
RESIDENCE STATE		COUNTY		CITY		
STREET ADDRESS						
					INSIDE CITY LIMITS?	
FATHER'S NAME		BIRTHPLACE				
MOTHER'S (MAIDEN)	NAME			BIRTHPLAC	E	