	EXAS	AKA!- #	A (Einst 1022)-			OF DE				
. LEOAL NAME O	F DECEASED (Include	e ANA'S IT ANY	n (rust, Middle	Last)		í	(Maio	ien)	2. DA	TE OF DEATH - <u>ACTUAL OR PRESUM</u>
3. SEX	4. DATE OF BI	4. DATE OF BIRTH 5. AG (Year		GE-Last Birthday	IF UN	DER 1 YR	IF UN	IDER 1 DAY	6. BIR	THPLACE (City & State or Foreign (
				urs)	мо	DAYS	HOURS	Mîn -		
. SOCIAL SECURI	TY NUMBER	1	8. MARITAL S	TATUS AT TIME	OF DEATH	D Married	9. SURV	IVING SPOUS	E (If wife, g	give name prior to first mamage)
			[] Widowed		ever Married	[] Unknown				•
0a. RESIDENCE S	TREET ADDRESS				· · · ·		101	. APT NO	10c. CIT	Y OR TOWN
IDd. COUNTY		10e. 5	STATE			10f, ZIP C				10g. INSIDE CITY LIMITS?
										L Yes D No
1. FATHER'S NAM	F				12 MOTHER	R'S NAME PRI			F	
					12, 110,1112		01110111		<b>-</b>	
			*****	42 BLACE			ONE			
	ED IN A HOSPITAL:		IF DEAT	13. PLACE		CHECK ONLY		Al ·		
	ER/Outpatient			e Facility	Nursing H		Decedent		Other (Spe	ecify)
14. COUNTY OF D	EATH	15. CITY/T	OWN, ZIP (If o	utside city limits, g	live precinct n	o) 16. FAC	ILITY NAM			treet address)
7. INFORMANT'S I	NAME & RELATIONSH	HIP TO DECE	ASED	18. MAI	LING ADDRE	ISS OF INFOR	MANT (Stre	eet and Numb	er, City, Sta	ite, Zip Code)
										, <b>-</b>
9. METHOD OF DI	SPOSITION		20 51G	NATURE AND LIC	ENSE NUME			TOR OR PER	SON	~
	,	nation		AS SUCH				non on E		21. [] 1 Section
] Entombment	[] Removal From Sta	ate								Block
Other (Specify)										
2. PLACE OF DISF	OSITION (Name of ce	emetery, crem	atory, other pla	ce) 23. LOCATI		n, and State)				Lot
22. PLACE OF DISF	POSITION (Name of ce	emetery, crem	atory, other pla	ice) 23. LOCATI	ON (City/Tow	n, and State)				Space
22. PLACE OF DISF 24. NAME OF FUNE		emetery, crem	atory, other pla			· ·	AL FACILI	TY (Street and		
		emetery, crem	atory, other pla			· ·	AL FACILI	TY (Street and		Space
24. NAME OF FUNE 26. CERTIFIER (Chi	RAL FACILITY			25. COMPL	ETE ADDRE	SS OF FUNER	AL FACILI	TY (Street and		Space
24. NAME OF FUNE 26. CERTIFIER (Chu ] Certifying Physici	RAL FACILITY eck only one): an - To the best of my	knowledge, d	leath occurred	25. COMPL	ETE ADDRES	SS OF FUNER		·	Number, C	Space
24. NAME OF FUNE 26. CERT(FIER (Chi ] Certifying Physici ] Medical Examine	RAL FACILITY eck only one): an - To the best of my r/Justice of the Peace	knowledge, d	leath occurred	25. COMPL due to the cause(son, and/or investig	ETE ADDRES	SS OF FUNER r stated. pinion, death o	ccurred at t	·	Number, C	Space
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<ul> <li>24. NAME OF FUNE</li> <li>26. CERTIFIER (Chill)</li> <li>Certifying Physici</li> <li>Medical Examine</li> <li>27. SIGNATURE OF</li> <li>31. PRINTED NAME</li> <li>43. DECEDENT'S I the highest deg death)</li> <li>B 8th grade or less</li> <li>9 9th – 12th grade</li> <li>9 9th – 12th grade</li> <li>G Some college or</li> <li>Associate degree</li> <li>Bachelor's degree</li> </ul>	RAL FACILITY eck only one): an - To the best of my r/Justice of the Peace CERTIFIER E. ADDRESS OF CERT EDUCATION (Check the ree or level of school of set on diploma duate or GED complete redit, but no degree the (e.g., AA, AS) ee (e.g., BA, AB, BS)	nowledge, d - On the basi TIFIER (Stree the box that b completed at t	leath occurred is of examination at and Number, west describes the time of	25. COMPL due to the cause( on, and/or investig 28. DATE 28. DATE City, State, Zip Co City, State, Zip Co City, State, Zip Co Check the Spanish/Hi No, not Sp Yes, Mexin Chicano Yes, Puer Li Yes, Cuba	ETE ADDRES and manner ation, in my of CERTIFIED ( de) NT OF HISPA box that best box that best box that best on is Spanish. "No" box if de spanic/Latino wanish, Hispar can, Mexican to Rican	SS OF FUNER instated. pinion, death o Mo/Day/Yr) NIC ORIGIN? describes whe Hispanic/Latin cedent is not ) hic/Latino American,	ccurred at t 29. LICE ether o. [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	the time, date, NSE NUMBEI 15. DECEDEN decedent c White Black or Afr American In Name of the e Asian Indiau Chinese Filipino Japanese Korean Vietnamese Other Asiar	Number, C and place, R 30 T'S RACE ( onsidered f can Americ dian or Ala molled or p (Specify)_	Space
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