Community residence .. 2 located. located ..... miles ... CAUSE OF DEATH-State how long ill and recent illness. Father's name ..... Birthplace ....... Mother's name .. U.: L. S. Elirthplace ..... Occupation 'F Arinnez-Member of ..... ..... church at..... Other civic or fraternal organizations o'clock (home or church) Pallbearers Funeral director ... Close relatives—label them at left—Wife, Husband, Brother, Sister Son or Daughter.