## Mc Crery & Harra FUNERAL HOMES and CREMATORY, Inc.

## **FUNERAL SERVICE RECORD**

Pre-Arranged ins	INVOICE NO				RWH	NO	
Assignment Name						Fiag No	
Name	Assignment						
Date of Death	Name						
Place of Death   (if death occurred in hospital or metitution, give its name) (Length of stay)   Nursing Home   Residence   Other   Inpatient   ER/Out Patient   DOA   Residence No.   (Street)   (Town or City and State) (Zip)   City Limits   (Development)   Age   Date of Birth   (Development)   Date of Birth   (Clip or Town)   (State or county-if foreign born how long in U.S.A.?)   Sex   Race   Marital Status   If Married or Wildowad, Husband of (or) Wife of   Living   Deceased   Husband of (or) Wife of   Living   Deceased   Father's Name   Deceased's Occupation   Place of Emp.   Deceased's Occupation   Sept. In   If Veteran, Name War   Address   Decedent's Education (Specify only highest grade completed)   Elementary   Degree Completed   Specify (Cuban, Mexican, Puerto Rican, etc.)   Decedent's Education (Specify only highest grade completed)   Elementary   Degree Completed   Decedent's Education (Specify only highest grade completed)   Elementary   Degree Completed	Date of Death	(Give	e full nar	ne of deceased)		OUT	
Nursing Home   Residence   Other   Inpatient   ER/Out Patient   DOA							iv
Residence No. (Street) (Town or City and State) (Zip) City Limits  (Development)  Birthplace (City or Town) (State or count)—If foreign born how long in U.S.A.?)  Sex Color or Race Marital Status  If Married or Wickned, Husband of (or) Wife of Place of Crup Mediden Name  Father's Name Mother's Maiden Name Place of Emp.  Social Security No. Sent In or Retired From If Veteran, Name War Address  Was Descendant of Hispanic Origin? Yes Specify (Cuban, Mexican, Puerto Rican, etc.)  Decedent's Education (Specify only highest grade completed)  Specify (Cuban, Mexican, Puerto Rican, etc.)  Place of Employment Address  Address Address  Address Date of Services  Date of Services  Date of Services  Date of Services  Date of Flowers Verse  Viewing Grave No.  (Last)  Cards Verse  Grave No.  (Last)  Ausic Family In (Last)		(If death occur	red in h	ospital or institution, g	ive its name)	(Le	ngth of stay)
Clevelopment    Age			ıpatien	t ∐ ER/Out Pa	atient 🔲 Do	OA	
Birthplace   Color or Color or Race   Marital Status	Residence No	(Street)		(Town or	City and State)	(Zip)	
Birthplace   Colty or Town) (State or county-if foreign born how long in U.S.A.?)  Sex		(Development)		Age	Date of Bi		•
Sex	Birthplace						
Sex	,	(City or Town)		<u> </u>	State or county-i	f foreign born hov	v long in U.S.A.?)
Husband of (or) Wife of	Sex	Color or Race	1111000	Mar	ital Status		
Father's Name	If Married or Widowed	l <sub>r_</sub>					
Deceased's Occupation						If Wife, 🤆	ive Maiden Name
Social Security No. Sent In If Veteran, Name War Address Was Descendant of Hispanic Origin? Yes No Specify (Cuban, Mexican, Puerto Rican, etc.)  Was Descendant of Hispanic Origin? Yes No Specify (Cuban, Mexican, Puerto Rican, etc.)  Possection of Granted Not Granted Obituary By DVD Secondary (0-12)  Anatomical Gift Consent Granted Not Granted Obituary By DVD Secondary (0-12)  Anatomical Gift Seducation (Specify only highest grade completed)  Elementary/ Secondary (0-12)  Anatomical Gift Consent Granted Not Granted Obituary By DVD Secondary (0-12)  Anatomical Gift Seducation (Specify only highest grade completed)  Elementary/ Degree Completed Secondary (0-12)  Possection of Employment Secondary (0-12)  Address Address Address  Phone Home Phone Work Phone Work  Place of Services Date of Services Time Ordered by RWH  In Lieu of Flowers Viewing Secondary (0-12)  Audit Ordered by Cards Verse  Cot No. Section or Block No. Grave No.  Cot Owner Services to be Conducted by Rev. (First) (Last)	Father's Name		<del></del>				
If Veteran, Name War   Address	Deceased's Occupation	on					
Was Descendant of Hispanic Origin?	Social Security No	S	ent In				
Was Descendant of Hispanic Origin?							
Specify (Cuban, Mexican, Puerto Rican, etc.)    Elementary/ Secondary (0-12)   Pegree Completed	Was Descendant of H	ispanic Origin?		Decedent's Edu	cation (Specif	y only highest	grade completed)
Anatomical Gift	Specify (Cuban, Mexic	ean, Puerto Rican, etc.)		Elementary/   Secondary		Degree Cor	npleted
Relationship Place of Employment Address Address Address Address Address Address Phone Home Phone Work Place of Services  Date of Services Time Ordered by RWH  In Lieu of Flowers Viewing Ordered by Cards Verse Ordered by Revices No. Grave No. Grave No. Grave No. Grave No. Fervices to be Conducted by Rev. (First) (Last)	Anatomical Gift C	onsent Granted  Not Grante	d Obii	uary By		DVD	
Address	Relationship	·	Pla	ce of Employme	nt		
Phone Home Phone Work							
Place of Services  Date of Services  Date of Services  Date of Services  Time  Ordered by. RWH  Note the proving  Viewing  Viewing  Verse  Lot No.  Section or Block No.  Grave No.  Services to be Conducted by Rev.  (First)  (Last)	Thomas I I ama						
Date of Services			Pho	one Work			
Place of Interment					_		
Viewing							
/ault         Ordered by         Cards         Verse           .ot No.         Section or Block No.         Grave No.           .ot Owner         Services to be Conducted by Rev.         (First)         (Last)           Music         Family In         (Last)							•
Lot No Section or Block No Grave No Lot Owner  Services to be Conducted by Rev (First) (Last)  Music Family In							
ot Owner  Services to be Conducted by Rev(First) (Last)  Music Family In							
Gervices to be Conducted by Rev							
(First) (Last)  Music Family In		ted by Rev					
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The term of the transfer of the terms of the							
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Children-		•	
	Herit III		
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Brothers-

Sisters

Grandchildren-

Great Grandchildren-

Organizations