Shultz Funeral Home & Crematory

1900 S. Wheeler Street Jasper, Texas 75951 (409) 384-3243

CASE NO.

DATE OF DEATH			HOUR			
	Arrangement Appointment Time					
	2000	VITAL S	TATIST	ICS		
ECEASED'S ADDRESS CITY - STATE -			ZIP			COUNTY
PLACE OF DEATH CITY - STATE - Z			:IP			COUNTY
SEX	RACE - ETHNICITY	CE - ETHNICITY		MARITAL STATUS		
☐ M ☐ F BIRTHPLACE				DATE OF BIRTH		
FATHER'S NAME		HIS BIRTHPLACE	MOTHER'S	S MAIDEN NAME		HER BIRTHPLACE
OCCUPATION			EMPLOYER			
Social Security no.	-	SURVIVING SPOUSE (IF WI	FE, GIVE MAIDI	en name)		
IF VETERAN, NAME WA	r and branch of se	RVICE		rank and Service	NO.	
INFORMANT'S NAME AND ADDRESS					TELEPHO	NE
INFORMANT 3 NAME A						
CERTIFICATE SIGNED B	Υ	CAUSE OF DEATH				