THE FOLLOWING INFORMATION IS REQUESTED BY THE

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 1. Place of Death 2. Usual Residence a. State b. County a. County b. City, Town or Township c. Inside City Limits? c. City, Town or Township d. Inside City Limits? Yes - / No -Yes 🗆 / No 🗆 d. Name of Hospital or Institution e. Length of Stay e. Street Address f. Is residence on a farm? Yes 🗆 / No 🗅 3. Name of Deceased a. (First) b. (Middle) c. (Last) Level of Education 4. Date of Death (Month) (Day) (Year) 5. Sex 6. Race Married, Widowed Single or Divorced 8. Date of Birth (Month) (Day) (Year) 9. Age (Years) (Days) 10. a. Usual Occupation Surviving Spouse 10. b. Kind of Business or Industry Social Security Number 13. Citizen of What Country? 12. Birthplace 14. Veteran - War? 16. Mother's Maiden Name 15. Father's Name 17. Medical Attendant 18. INFORMANT - Relationship CONSULT US AND ALSO YOUR CLERGY BEFORE SETTING DAY AND TIME OF FUNERAL 19. Day and Date of Funeral Service 20. Time of Funeral Service 21. Services at: 22. Clergy: 23. Burial, Cremation or Other 24. Date 25. Name and Location of Cemetery 26. Fraternal Orders and Organizations: 27. Other Information: □ Computer □ Veteran Service Death Certificate Certified Copies ■ Burial Permit ☐ Social Security □ Veteran's Administration □ Cemetery ■ Vault ☐ Hearse ☐ Florist Obituary - Paper ☐ Obituary - Radio ☐ Folders □ Organist

☐ Soloist ■ Beautician □ Other

For Newspaper Notice

Living Survivors

nd or Wife of		Son or Daughter of			
		Please giv	∕e name and	residence	
	DAUGHTERS			sons	
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		Flease gn	e name and		
	SISTERS		-	BROTHERS	
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Crandahild (N			-	Creat Creadabildree (Number)	
	per)		-	Great Grandchildren (Number)	
			-		
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INFORMATION RECORD

To Assist Us In Rendering The Best Of Service,

Kindly Prepare This Record As Complete As Possible. Thank You.

DICKINSON FUNERAL HOME

LA CROSSE ONALASKA HOLMEN

PHONE 784-0135