## Obituary Information The Capital

Name of deceased in a	full (no initials)	Age				
Nickname (if any)		Sex of deceased				
Home area		Telephone				
Length of residence _	the areaTelephone TelephoneTelephone					
Date of death	Place of death					
Cause of death Length of illness						
Life History Please	attach additional information if ne	eded				
	Birthplace					
	when, degrees)					
``````````````````````````````````````						
Employment (position,	where and when)					
Military (rank, service, d	assignments, medals)					
Unusual or interesting	g achievements					
onusual of interesting						
Memberships in church	ches and organizations, offices hel	d				
Hobbies and interests						
a .						
Survivors	<b>.</b>					
	Living					
Former spouse	Married (when)	Divorced (when)	Deceased (when)			
Sons	Residence (city, state)	Daughters	Residence (city, state)			
50115	Residence ( <i>cuy</i> , <i>suie</i> )	Daughters	Residence (eity, state)			
Brothers	Residence (city, state)	Sisters	Residence (city, state)			

## Survivors (continued)

Grandsons	Residence (city, state)		Granddaughters	Residence (city, state)
Number of great-gra	ndchildren		;great-great-grandchild	lren
Parents (note, if living o	,	Residence (ci	ty, state)	
Grandparents (note if	living or deceased)	Residence (ci	ty, state)	
Arrangements Visitation (time, date, p	place)			
			of Christian burial M	lemorial MassOther:
			my Board Private	
Donations (yes To Whom Address				
Second Donation To Whom Address				