



Biographical Information

Full Name _____

Current Address _____ Inside City Limits Yes No

City, State, Zip _____ County _____

Formerly of _____

Phone _____ Social Security No. _____

Place of Death _____ County of Death _____

Date of Death _____ Hour _____

Date of Birth _____ Age _____

Place of Birth _____ Race _____

Full Name of Father _____

Full Maiden Name of Mother _____

Education: High School _____ Year of Graduation _____

Collage _____ Year of Graduation _____

Marriage

_____	_____	_____	_____
(Spouse's Maiden Name)	(Date Married)	(Where Married)	(Date of Spouse's Death)
_____	_____	_____	_____
(Spouse's Maiden Name)	(Date Married)	(Where Married)	(Date of Spouse's Death)

Employment

Where Employed _____

Position Held or Job Classification _____ Length of Employment _____ Date of Retirement _____

Previous or Other Employment _____

Veteran

Yes No Branch of Service _____ War _____ Receiving Pension or Disability Yes No

Service Information _____

Jefferson City
3210 N 10 Mile Dr
Jefferson City, MO 65109
(573) 893-5251

Russellville
5414 Simpson St
Russellville, MO 65074
(573) 782-4815

Westphalia
1941 Highway 63
Westphalia, MO 65085
(573) 455-2338



Surviving Family

Living Children

(Name)	(Spouse)	(Address)	(City/State/Zip)	(Phone)

Living Siblings

(Name)	(Spouse)	(Address)	(City/State/Zip)	(Phone)

No. of Living Grandchildren (___) No. of Living Great-grandchildren (___) No. of Living Great-great-grandchildren (___)

Preceded By _____

E-mail _____

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