

INFORMATION BLANK ON DEATHS

Full name of deceased _____

Age _____ Street Address _____

If Rural, Please state Township _____

Date of death _____

Cause of death _____

Place of death _____

Duration of illness _____

If married woman, give maiden name _____

Date and place of birth _____

Name and residence of parents if living _____

Married, when, where and to whom _____

Does husband or wife survive? _____

Name and residence of surviving children _____

Number of grandchildren _____ Number of great-grandch. _____

Names and residences of surviving brothers and sisters _____

Preceded in death by _____

Former places of residence and dates _____

Occupation _____

Occupation of spouse _____

Clubs/Organizations or other activities _____

Time and place of funeral service _____

Evening service _____

Friends may call _____

Cemetery _____

Name of Minister _____

Pallbearers _____

Family prefers memorials to _____

Telephone number of family _____

TELEPHONE
(507) 282-1075
FAX
(507) 280-7740

MACKEN
FUNERAL
HOME



1105 - 12th STREET S.E.
ROCHESTER, MN 55904