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| Deceased <u>Infant Alexander C. Faison</u> | | Ordered By <u>Mrs. Altamond Jackson</u> | |
| Date of Death <u>6/12/43</u> | | Address <u>2405 Jarvis Ave.</u> | |
| Place of Death <u>City Hospital</u> | | Charged To _____ | |
| Last Place of Residence _____ | | Address _____ | |
| Birth Place _____ | | Invoice Date _____ | |
| Date of Birth _____ | | Estate Atty. _____ | |
| Age _____ Years _____ Months _____ Days _____ Hours _____ | | Address _____ | |
| Sex _____ Color or Race _____ | | | |
| Single _____ Married _____ | | | |
| Widowed _____ Divorced _____ | | | |
| Length of Residence U. S. _____ | | CUSTOMER'S PAYMENT RECORD | |
| State _____ City _____ | | 20.00 | |
| Usual Occupation _____ | | | |
| Industry or Business _____ | | | |
| Husband's Name _____ Age _____ | | | |
| Wife's Maiden Name _____ Age _____ | | | |
| Father's Name <u>Theopolus Faison</u> | | | |
| Birth Place <u>Michigan</u> | | | |
| Mother's Maiden Name <u>Helen Faison</u> | | | |
| Birth Place <u>Indiana</u> | | | |
| Social Security No. _____ | | | |
| If Veteran, what War _____ | | | |
| Cause of Death _____ | | | |
| Physician _____ Address _____ | | | |
| Informant _____ | | | |
| Address _____ | | | |
| Date of Interment <u>6-17-43</u> | | | |
| Cemetery <u>Wood Haven</u> | | | |
| Location <u>Sec. E</u> | | | |
| <u>Lot 387</u> | | | |
| Lot or Grave No. <u>2</u> | | | |