

RECORD OF FUNERAL.

No. 27 Date Aug 13 1914

Name of Deceased: Infant Blossom McDaniel

Charge to _____

Order Given by _____

How Secured _____

Date of Funeral 8-13

Place of Death Blue Creek T P

Funeral Services at _____

Time of Funeral Service _____

Clergyman _____

Certifying Physician D. D. James

His Residence Beene

Number of Burial Certificate 31

Cause of Death Congenital Deformity

Date of Death Aug 13

Occupation of the Deceased _____

Single or Married: _____ Religion _____

Aged _____ Years, _____ Months, _____ Days.

Body to be shipped to _____

Size and Style of Casket or Coffin Hospital

Coal

Manufactured by _____

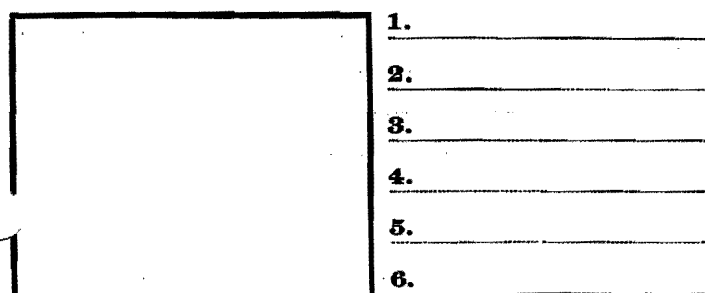
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at _____ Cemetery.

Lot or Grave No. _____ Section No. _____



(Diagram of Lot.)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (X). Designate place for Monument with a small square (□).

born July 23, 1914
 21 days old
 father: Roy McDaniel
 mother: Myrtle Andrews
 Congenital debility.
 deformed inferior
 maxillary - unable to
 take nourishment
 Burial: Mt Hope Cemetery.
 County Health Record