

Thweatt-King

FUNERAL HOME
P. O. BOX 589
CLEVELAND, MISSISSIPPI 38732

NAME Mrs. Johnnie Lynn Fincher Howell Address 612 Ellis Ave., Apt. A-7 Jackson, Ms. 39209
Date of Death _____ Dr. _____ Hour _____ Place _____
Husband or wife of F. A. Howell Phone No. _____
Length of Residence in Community Cleveland - 45 years County of Death _____
Place of Marriage Lexington, Ms. Year 1911
How long ill _____ Occupation Homemaker S. S. No. _____
Veteran _____ War _____ Claim Number _____
Funeral Service From _____
Time _____ Date _____
Remains will rest at Thweatt-King Funeral Home until hour of services.
Interment at New Cleveland Cemetery Ministers _____
Address Cleveland, Ms.

PALLBEARERS

- | | |
|-------------------------------------|---------------------------------|
| () _____ | () _____ |
| () _____ | () _____ |
| () _____ | () _____ |
| () _____ | () _____ |
| () _____ | () _____ |
| () _____ | () _____ |
| () _____ | () _____ |
| () _____ | () _____ |
| () _____ | () _____ |
| () Minister Notified | () Traffic Protection Arranged |
| () Music Arranged | () Church Seats Reserved |
| () Cemetery Arrangement | () Park Signs Out |
| () Cemetery Set-up | () Florist Called |
| () Radio Stations | () Casket Spray |
| () Newspaper Item | () Boutonnieres |
| () Vault: Yes _____ No _____ | () Grave Marker |
| () Closed Card: Yes _____ No _____ | () Clothes |
| () Door Badge | () _____ |

Date of Birth October 1, 1890 Age _____ yrs. _____ mos. _____ days
Birthplace Black Hawk Race White Sex Female
Father's Name John I. Fincher Informant Name Julia Howell Steele
Mother's Maiden Name Anna Elizabeth Terry Address 1034 Wynwood Dr., Jackson, Ms. 39209
Soc. Sec. Filed _____ Vet. Claim Filed _____
Copies D. Cert. Ordered _____ Mailed _____