## **BURIAL REPORT**

## From Sexton to Secretary of Cemetery (TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No.

1.	Place of Death	Douglas Omah (County)		a Nebraska Medical Center (Township or City)				
	A						(Facility)	
2.	Name:	Romona June	Baxter			·		
3.	Sex:fe	male		4. Color	or Race	White		
5.	Single, Married, Widowed or Divorced divorced							
6.	Date of Birth	June 26, 1932	7	. Age <u>79</u>	_Years	Months	Days,	
8.	Occupation:nu	rses aide						
9.	Birthplace (State	or County) Shenandoah,	IA				<del>.</del>	
10.		Robert Gitchell						
11.	Birthplace of Fath	ner						
12.	Maiden Name of	Mother Sylvia Leona	Browning				_	
13.	Birthplace of Mo	other						
14.	4. Informant <u>Jack Baxter</u> 15. Address 603 7 <sup>th</sup> Ave; Shenanoah, IA 51601							
15. 16.	Date of Death: _	5/28/	2012					<u>.</u>
		or Coroner or Health Offi					<u>.</u>	
18.	Address	Shenar	idoah, IA	-			1.	
19.	Place of Burial o	r Removal Rose Hi	Il Cemetery		20. D	Date of Burial: _	6/23/2012	
21.	Undertaker	Hackett Livingston Fune	ral Chapel	22. Address_	2	08 W. Clarinda	Avenue, Shenandoah, Iowa 5160	)1

BURIAL REPORTY CLE

No. 8006

Name Romona Baxter

Burial Date 6/33/30/2

Date of Death 5/28/30/2

Field Record of Previous Burials

PAID

NOTE: Each small square represents a square foot of lot surface. For convenience each tenth foot is indicated by a heavy line. To make a record of previous burials, draw a diagram, with pencil, of each lot, beginning with Lot No. 1, and use a separate sheet for each lot. This can be done in the office from the plat and the owner's name and other data as to ownership secured from deed record. These blanks will then be taken to the cemetery and a record will be nade from the lots, of the names of those buried and location of grave on lot. A number corresponding to name must be placed on plat to identify grave.

Description Owned

, Block

INDICATE DIRECTION BY N. S. E. OR W.

FULL NAME OF DECEASED REMARKS

Amona & Danier

and Amona & Danier