BURIAL REPORT

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

Burial or Permit No.

1.	Place of Death	Page (County)	Shenandoah, Iowa (Township or City)	Shenandoah Medical Center (Facility)	
2.	Name: John Bryant Wolfe				
3.	Sex: Male		4. Color or RaceWhite		
5.	Single, Married, W	Single, Married, Widowed or Divorced: Married			
6.	Date of Birth <u>06/27/1942</u> 7. Age <u>75</u> Years <u>4</u> Months <u>1</u> Days				
8.	Occupation: Cashier/Vice President - Banking				
9.	Birthplace (State or County) Shenandoah, Iowa				
10.	Name of Father: George Wolfe				
11.	Birthplace of Fathe	Birthplace of Father			
12.	Maiden Name of M	Maiden Name of Mother: <u>Helen Baker</u>			
13.	Birthplace of Moth	Birthplace of Mother			
14.	Informant Linda W	Informant Linda Wolfe 15. Address: 400 E. Clarinda Ave., Shenandoah, Iowa 51601			
16.	Date of Death: _1	Date of Death:10/28/2017			
17.	Name of Doctor (o	Name of Doctor (or Coroner or Health Officer) <u>Dr. Todd Isaacson</u> 18. Address <u>Shenandoah, Iowa</u>			
19.	Place of Burial or	Removal	Rose Hill Cemetery	_ 20. Date of Burial: <u>11/01/2017</u>	
21.	Undertaker]	Undertaker Hackett Livingston Funeral Home			
22.	Address 208	W. Clarinda Ave,	Shenandoah, Iowa 51601		

Field Record of Previous Burials

These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.

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 made 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 Lot No. Sub-division or Section Spaces Date Sold Name of Owner Address Price, \$ Remarks: Grave FULL NAME OF DECEASED REMARKS No. 2 3 INDICATE DIRECTION BY N. S. E. OR W. 5 6 7 rom 8 9 10 11 12

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