

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 4227

Sec. 141.31. RECORD OF BURIALS TO BE KEPT. The record-keeping officer of every cemetery shall make and keep a permanent record of all burials, disposals, disinterments, or reburials made in such cemetery, which record shall at all times be open to public inspection. This record shall, in each case, state the name of each deceased person, place of death, date of burial, disposal, disinterment or reburial, and name and address of the undertaker.

1. Place of Death _____ (County) _____ (Township, Village or City) _____ (Hospital)

2. Full name _____

3. Sex _____ 4. Color or Race _____

5. Single, Married, Widowed or Divorced _____

6. Date of Birth _____, 19 ____ 7. Age _____ Years _____ Months _____ Days

8. Occupation _____

9. Birthplace (State or Country) _____

10. Name of Father _____

11. Birthplace of Father (State or Country) _____

12. Maiden Name of Mother _____

13. Birthplace of Mother (State or Country) _____

14. Informant _____ 15. Address _____

16. Date of Death _____, 19 ____

17. _____

Name of Doctor (or Coroner or Health Officer) _____

Address _____

19. Place of Burial or Removal _____ Date of Burial _____, 19 ____

20. Undertaker _____ Address _____

STATE OF ARKANSAS
ORIGINAL

State Department of Health
Bureau of Vital Statistics

BURIAL—TRANSIT PERMIT

Permit No. 340

Full name of deceased Elfrida Nelson

Place of death Fort Smith Ark
(City) (County) (State)

Date of death July 14, 19 69 Color W Sex F Age 72

Cause of death Pending medical report

Method of disposal Transit
(State whether burial, cremation, transit, storage, etc.) (Cemetery or crematory) (County) (State)

Funeral director Funeral Mortuary License No. 671 Address 77 Smith Ark

PERMIT

A certificate of death having been filed as required by the laws of the State of Arkansas, permission is hereby given to Funeral Mortuary License No. 671 to dispose of the body as above stated.
(Embalmer, funeral director, or person acting as such)

Dated at Fort Smith Ark this 14th day of July, 1969
(Registrar's address) Signature Wilma Owen
(Registrar)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT THE SPACE BELOW

Body was _____ on _____, 19 ____ in _____
(State whether cremated, buried, stored, etc.) (Cemetery or Crematory)

Place _____ Signature _____
(City) (State) (Sexton or person in charge)

SEE OTHER SIDE

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no Sexton) and returned within 10 days to the Registrar of the district in which burial takes place. Form VS-30-25M Sets-8-66-33069-PP&SCO.

This Permit Must Accompany Remains to Destination

BURIAL REPORT

No. 4227

Name Elyse Olson

Filed July 15 1969

Walpur Funeral Serv.

These blanks, which comply with the Iowa law, are carried in stock and sold at moderate prices by the undersigned.

The records, in which the law states these reports shall be registered, are kept in stock to fit any cemetery, and will be sent on approval to any cemetery officer.

MATT PARROTT & SONS CO.
Waterloo, Iowa

MATT PARROTT & SONS CO., WATERLOO, IOWA 61-407

Field Record of Previous Burials

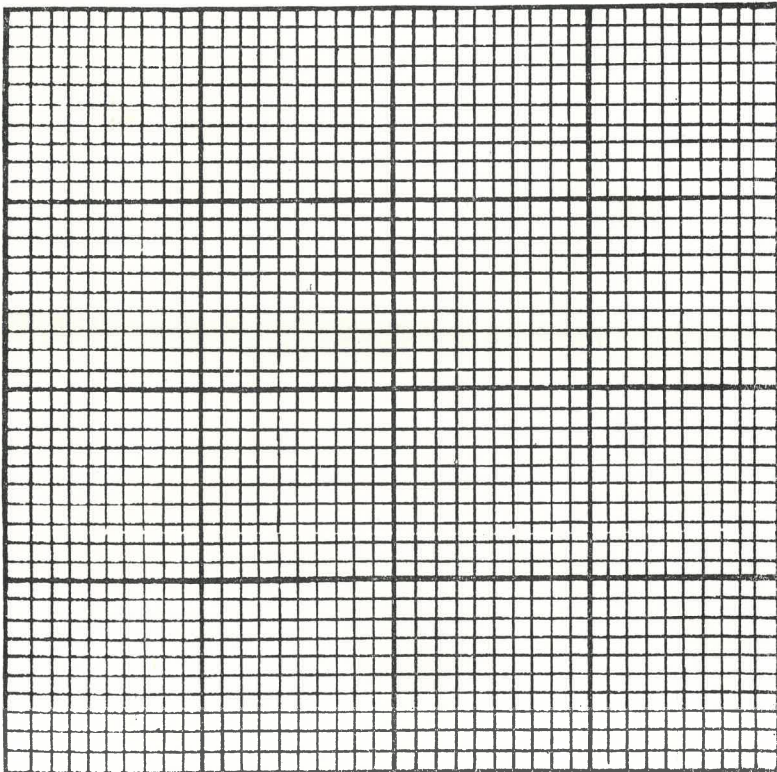
These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.

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 2 add, Block 9, 5458' Lot No. 9, _____ Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Box Price, \$ 40.00



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

Grave No.	FULL NAME OF DECEASED	REMARKS
1	<u>Elfrida Olson</u>	
2		
3	<u>2' from South lot</u>	
4	<u>line to center of grave</u>	
5		
6	<u>2' from West lot line</u>	
7	<u>to edge of grave</u>	
8		
9	<u>Burial Date July 15-1969</u>	
10		
11	<u>Walpur funeral serv.</u>	
12	<u>Pr 40.00 7-18-69 Inv # 2664</u>	