BURIAL REPORT

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

Burial or Permit No.

1.	Place of Death Decatur	Lamoni		Lamoni Nursing and Rehab	
	(County)	(Township o	or City)	(Facility)	
2.	Name: Mary Loui	ise Clemons .			
3.	Sex:female	4. Co	olor or Race white		<u>.</u>
5.	Single, Married, Widowed or Divorce	edwidowed		<u>.</u>	
6.	Date of Birth 3/24/1937	7. Age <u>76 Years</u> N	MonthsDays	6	
8.	Occupation: secretary				
9.	Birthplace (State or County)S	henandoah, IA			
	Name of Father <u>Vivian Adelbert De</u> Birthplace of Father <u></u>				
11.	Bitulplace of Father				
12.	Maiden Name of Mother Julia Mabel	Manley			
13.	Birthplace of Mother				
14.	Informant Rosella Johnson 15. Address: 5 Feidstone Ct; Stafford, VA 22554				
15.					
16.	Date of Death:	6/7/2013			•
17.	Name of Doctor (or Coroner or Health Officer) Dr. Easter 18. Address Lamoni, IA				
19.	Place of Burial or RemovalRo	se Hill Cemetery	20. Date of Bur	rial:	
21.	Undertaker Hackett Livingston	Funeral Chapel 22. Addr	ess208 W. Cla	rinda Avenue, Shenandoah, Iowa 51	601

S.C. 980 & Date of Death 6/7/2013 Burial Date **BURIAL REPORT 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 view or second to the surface of the th Date Sold Price, \$ REMARKS FULL NAME OF DECEASED

Description Owned Name of Owner Remarks: 600 Grave No. INDICATE DIRECTION BY N. S. E. OR W. 5 10

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