

BURIAL REPORT

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

Burial or Permit No.

7844

1. Place of Death: Lancaster Lincoln, NE Madonna Rehabilitation Hospital
(County) (Township or City) (Facility)
2. Name: Julia Ferguson Falk
3. Sex: Female 4. Color or Race: White
5. Single, Married, Widowed or Divorced: Widowed
6. Date of Birth: January 27, 1928 7. Age 82 Years 5 Months 9 Days
8. Occupation: Homemaker
9. Birthplace (State or County): Shenandoah, Iowa
10. Name of Father: William Paul Ferguson
11. Birthplace of Father: Unknown
12. Maiden Name of Mother: Lina Coxedge
13. Birthplace of Mother: Unknown
14. Informant: Lisa Thompson-Falk 5. Address: 4275 Boulder Ridge Edgar, Minnesota 55122
16. Date of Death 9:50 P.M. July 6, 2010

Name of Doctor (or Coroner or Health Officer): Unknown Doctor

Address: Madonna Rehab Hospital Lincoln, NE

Place of Burial or Removal: Rose Hill Cemetery Date of Burial: Friday, July 9, 2010

19. Undertaker: Kirsch Funeral Chapel Address: 405 W. Thomas Ave. Shenandoah, Iowa 51601

\$ 200.00

PAID

BURIAL REPORT JUL 14 2010

CITY CLERK

No. 7844

Name Julia Ferguson Falk

Burial Date 07/09/2010

Date of Death 07/06/2010

Field Record of Previous Burials

PAID

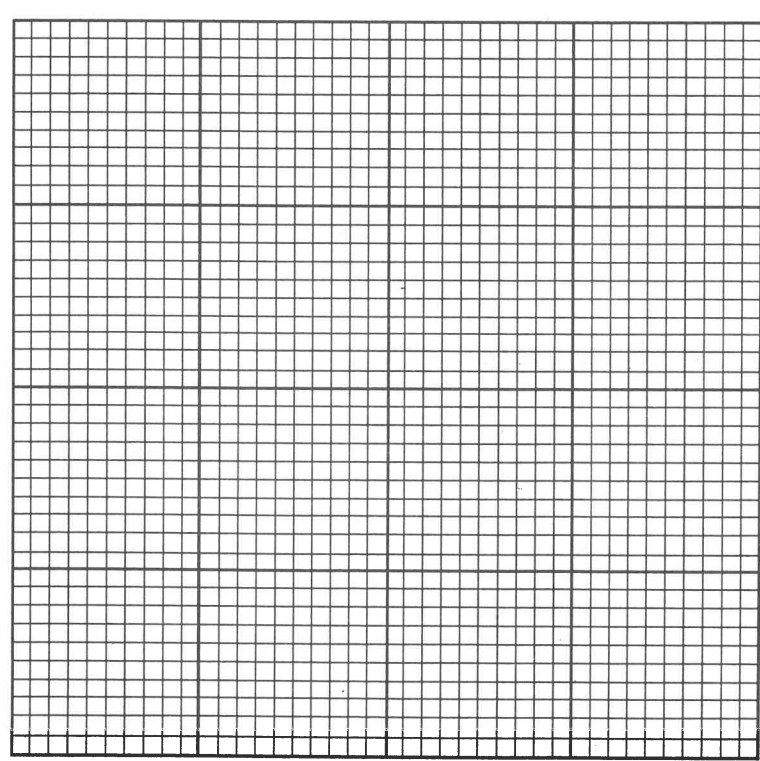
These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.

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 Second Addition, Block 42 S8'FS 1/2 Lot No. 23 Ft. 23

Name of Owner _____ Address _____ Date Sold _____

Remarks: Cremation Price, \$ 200.00



| Grave No. | FULL NAME OF DECEASED | REMARKS |
|-----------|-----------------------|--|
| 1 | Julia J. Falk | |
| 2 | | |
| 3 | | 6' from South lot line of the South half to Center of grave. |
| 4 | | |
| 5 | | 2'6" from West lot line to edge of grave. |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | Burial date July 7, 2010 |
| 10 | | |
| 11 | | Kirsch Sev. |
| 12 | | |

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