

BURIAL REPORT

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

Burial or Permit No. 7701

1. Place of Death Charleston Charleston, South Carolina Roper Hospital
(County) (Township or City) (Facility)
2. Name: Randall David Morrison
3. Sex: Male 4. Color or Race White
5. Single, Married, Widowed or Divorced Married
6. Date of Birth July 23, 1955 7. Age 47 Years 6 Months 10 Days
8. Occupation: Sales
9. Birthplace (State or County) Pawnee City, Nebraska
10. Name of Father R. Dale Morrison
11. Birthplace of Father _____
12. Maiden Name of Mother Iris Teachout
13. Birthplace of Mother _____
14. Informant Lesha Morrison 15. Address 2091 Presidio Drive, Mt Pleasant, S.C. 29464
16. Date of Death: February 2, 2003

Name of Doctor (or Coroner or Health Officer) Dr. W. T. Dawson, M.D.

Address 125 Donjty Street, Charleston, South Carolina, 29403

Place of Burial or Removal Rose Hill Cemetery Date of Burial: November 1, 2008

19. Undertaker Northwoods Crematory Address J. Henry Stuhr, Inc. 232 Calhoun St., Charleston, S.C. 29401

BURIAL REPORT

No. 7701

Name Randall David Morrison

Burial Date 11/01/2008

Date of Death 02/02/2003

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.

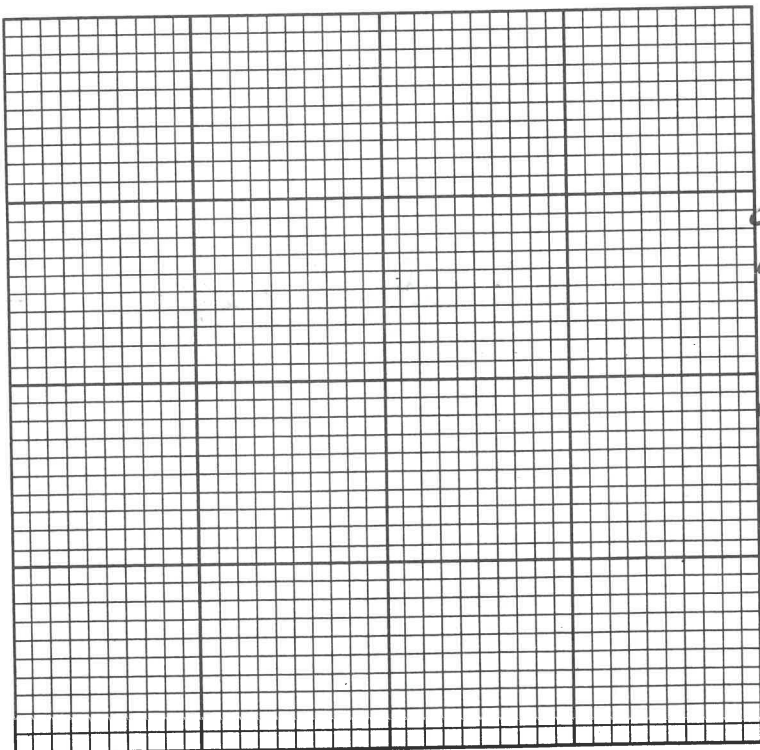
NOTE: Each small square represents a square foot of lot surface. For convenience each tenth foot is indicated by a heavy line. To make a record of previous burials, draw a diagram, with pencil, of each lot, beginning with Lot No. 1, and use a separate sheet for each lot. This can be done in the office 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 Lakes, Block 7 N40°E 1/2 Lot No. 62 Ft.

Name of Owner _____ Address _____ Date Sold _____

Remarks: Cremation Price, \$ 200.00

PAID
CITY CLERK



Grave No.	FULL NAME OF DECEASED	REMARKS
	<u>Randall D. Morrison</u>	
<u>2</u>		<u>2' from North lot line of the East half to center of grave.</u>
<u>5</u>		<u>2' from East lot line to edge of grave.</u>
	<u>Burial date Nov. 1, 2008</u>	
<u>10</u>		
<u>11</u>	<u>Family Sev.</u>	
<u>12</u>		

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