

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7534

- 1. Place of Death Montgomery Red Oak Montgomery County Memorial Hospital
(County) (Township, Village or City) (Hospital)
- 2. Full name Barbara Ann Boyer
- 3. Sex Female 4. Color or Race white
- 5. Single, Married, Widowed or Divorced Widowed
- 6. Date of Birth December 4, 1937 7. Age 68 Years 9 Months 19 Days
- 8. Occupation Beauty Operator
- 9. Birthplace (State or Country) Shenandoah, Iowa
- 10. Name of Father John Nicholas
- 11. Birthplace of Father (State or Country) _____
- 12. Maiden Name of Mother Rosetta Kelso
- 13. Birthplace of Mother (State or Country) _____
- 14. Informant Tracy Boyer 15. Address 101 1/2 N. Willow St. Shenandoah
403 W. Lowell Ave., Shenandoah, IA 51601
- 16. Date of Death September 23, 2006, 19
- 17. _____

- Name of Doctor (or Coroner or Health Officer) Dr. W. L. (Bill) Artherholt,
Address Red Oak, Iowa
- 19. Place of Burial or Removal Rose Hill Cemetery, Shenandoah, IA Date of Burial 09-27-2006, 19
- 20. Undertaker Hackett-Livingston Funeral Home Address Shenandoah, Iowa 51601

PAID NOV 03 2006

\$ 350.00

BURIAL REPORT

No. 1534

Name Barbara A. Boyer

Filed Sept 27, 2006 19__

000, 9/23/06

MATT PARROTT & SONS CO., WATERLOO, IOWA E832

Field Record of Previous Burials

FORM 35-7

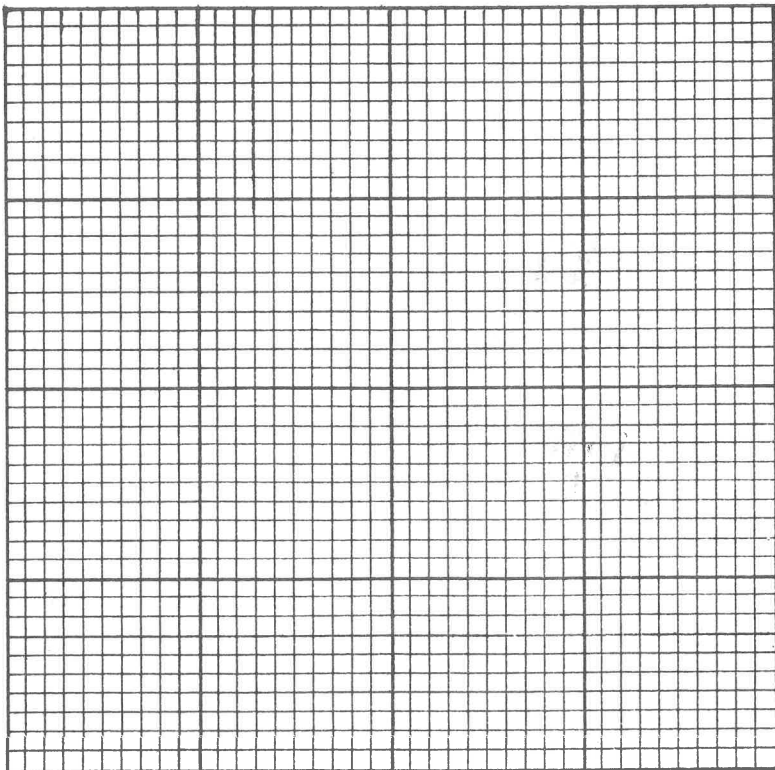
These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.

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 plans 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 16 N46FS80FS 1/2, Lot No. 1, _____ Ft.

Name of Owner _____ Address _____ Date Sold _____

Remarks: Concrete Box \$350.00 1 grave space \$250.00 Price, \$ 600.00



Grave No.	FULL NAME OF DECEASED	REMARKS
1	Barbara A. Boyer	
2		6' from South lot line of the South half to Center of grave.
3		2' from West lot line to edge of grave.
4		
5		Burial date Sept. 27, 2006
6		
7		
8		
9		
10		
11		Hgt. J. Livingston Sr.
12		

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