

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

Burial or Permit No.

1. Place of Death Page Co, Shenandoah Medical Center
(County) (Township or City) (Facility)
2. Name: Dr. Janet S. Bumgarner, MD
3. Sex: Female 4. Color or Race: White
5. Single, Married, Widowed or Divorced Married - Dr. Donald L. Bumgarner
6. Date of Birth November 28, 1954 7. Age 61 Years 8 Months 11 Days
8. Occupation: Medical Doctor Family Practice
9. Birthplace (State or County) Omaha, NE Douglas Co.
10. Name of Father John L. Parilek
11. Birthplace of Father _____
12. Maiden Name of Mother Thais A. Haley
13. Birthplace of Mother _____
14. Informant Dr. Donald L. Bumgarner 15. Address 1104 W. Nishna Rd.
16. Date of Death: Monday, August 8, 2016

Name of Doctor (or Coroner or Health Officer) Dr. Heather Babe
Address 1 Jack Foster Dr, Shenandoah, IA 51601

Place of Burial or Removal Rose Hill Cemetery Date of Burial: Sept. 2, 2016

19. Undertaker Nishna Valley F.H. Address 405 W. Thomas Ave, Shen.

\$ 250.00

BURIAL REPORT

No. 8290

Name Dr. Janet S. Bumgarner

Burial Date Sept. 2, 2016

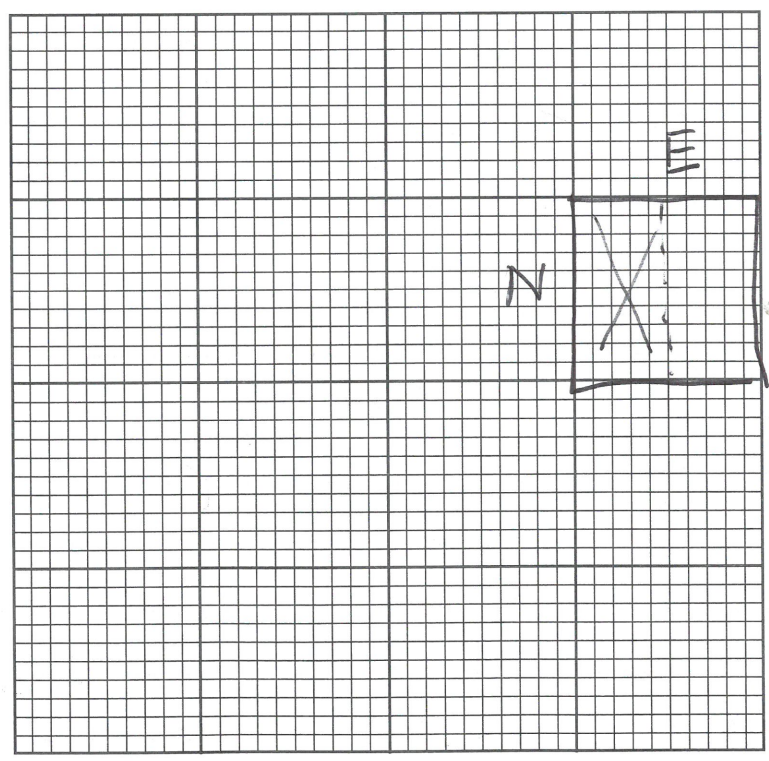
Date of Death Aug. 8, 2016

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 Second, Block 16, S 1/2 Lot No. 6, _____ Ft.
Addition, Sub-division or Section Part of Lot Dimensions
Name of Owner _____ Address _____ Date Sold 8/2016
Remarks: CREMATION 2 spaces Price, \$ _____



Grave No.	FULL NAME OF DECEASED	REMARKS
1		
2	Janet Bumgarner	
3		
4		4'6" from S lot line
5		to edge of grave
6		2'6" from W lot line
7		to edge of grave
8		
9		
10		
11	Nishna	
12	Burial	9/2/2016

4/6

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