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

ECORD)	ONLO	1
Burial or Permit No	≈ 0.00	

1.	Place of Death:Jackson	Independence,	Mo	Center Point Medical Center	
	(County)	(Township or City)		(Facility)	
2.	Name: Georgene Beth Stinnett				
3.	Sex: Female	l. Color or Race:	White		
5.	Single, Married, Widowed or Divorced:	Divorced			
6.	Date of Birth: December 31, 1926	7. Age _	86 Years	4Months11D	ays
8.	Occupation: Administrative Assistan	t			
9.	Birthplace (State or County):S	henandoah, Iowa			
10.	Name of Father: George Teac	hout			
11.	Birthplace of Father: Unknown				
12.	Maiden Name of Mother: Gladys Kend	lall			
13.	Birthplace of Mother : <u>Unknown</u>				
14.	Informant : David Stinnett	5. Address:	1289 Hwy 99 Sedar	, Kansas 67361	
16.	Date of Death 8:46 P.M. Saturday, May 1	1, 2013			
				/ •	
	Name of Doctor (or Coroner or Health Officer): Dr. Nutton			
	Address: Center Point Medical Co	enter Independence, Missouri			
	Place of Burial or Removal :Rose Hill Ce	metery	_Date of Burial:	Thursday, May 16, 2013	
19.	Undertaker: Kirsch Funeral Chapel	Address: _	405 W. T	homas Ave. Shenandoah, Iowa 5160	1

Date of Death_ Burial Date. **BURIAL REPORT** No. **8067** 05/11/2013 Georgene Beth Stinnet 05/16/2013

Field Record of Previous Burials

These sheets to be used on the grounds to secure data which will be copied-permanently in Cemetery Lett 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 Addition, Sub-division or Section	, Block 8 N40 FW2 Lot No. 4 , Dimensions	Ft
Name of Owner Address	Date Sold	
Remarks: Concrete Vault	Price, \$ 400.	_

Grave

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

No.	FOLL NAME OF DECEASED	LEMAKK.
Go	orgene B. Stinne	tt
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2/10	om North lot line o	Pho
West	on North lot line of thalf to Center of g	tove
5	0	1
25%	com West lot line,	to
estas	of stave.	r ^d
BA	vial date May 16,	20/3
, ,		

FULL NAME OF DECEASED

REMARKS