BURIAL REPORT

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

Burial or Permit No.

1.		Terra Alta, West Virginia		Home	
	(County) (Towns	ship or City)	(Fa	cility)	
2.	2. Name: Raab, Thelma Rae				
3.	. Sex: Female 4. C	olor or Race	White		
5.	Single, Married, Widowed or Divorced Married				
6.	. Date of Birth <u>July 14, 1929</u> 7. A	.ge85Ye	ears 2 Months		
8.	Occupation: Homemaker				
9.	Birthplace (State or County) Whitten, Iowa				
10.	0. Name of FatherOrva Vinton				
11.	Birthplace of Father unknown				
12.	Maiden Name of Mother Grace Mitchell				
13.	3. Birthplace of Mother <u>unknown</u>				
14.	4. Informant <u>Billy Raab</u>	_15. Address593	3 Cinder Barn Road Terra	Alta, West Virginia 26764	
16.	Date of Death:12:10 a.m. Friday, October 10, 2014				
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	Name of Doctor (or Coroner or Health Officer)Julia Ram	iberg M.D.			
	AddressTerra Alta, West Virginia				
	Place of Burial or Removal Rose Hill Cemetery, She	nandoah, Iowa	Date of Burial:	Thursday, October 16, 2014	
19.	9. UndertakerKirsch Funeral Chapel	ndertaker Kirsch Funeral Chapel Address 405 W. Thomas Ave. Shenandoah, Iowa 51601			

Date of Death 10/10/2014 Name_THELMA RAE VINTON-RAAB **BURIAL REPORT** 10/16/2014

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.

Perscription Owned

Block

RIONE

RI , Block **Z** Description Owned Date Sold Name of Owner Address Price, \$ Remarks: Grave REMARKS FULL NAME OF DECEASED No. 2 INDICATE DIRECTION BY N. S. E. OR W. 10 11

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