BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7711

1.	Place of Deat Page Shenandoah, IA Shenandoah Medical Center (County) (Hospital)									
2.	Full nameRuth Virginia-Warner									
3.	3. Sexfemale 4. Color or Race_White 5. Single, Married, Widowed or DivorceNever-Married 6. Date of Birthy 10, 1022									
5.										
6.	Date of Birthune -19, -1923, 19 7. Age 85 Years Months	Don								
8.	Occupation	. Day								
9.	Birthplace (State or Country Shenandoah, IA									
10.	Name of FatheHoward-Warner									
11.	Birthplace of Father (State or Country)									
12.	Maiden Name of Mothe Dessie Ford									
13.	Birthplace of Mother (State or Country)									
14.	Informan Sally Klingforth 15. Address 3067 Patrick Circle Omaha, NE 68164									
16.	Date of Death November -21, 2008, 19									
17.										
	Name of Doctor (or Coroner or Health Officer) Dr. Weddle									
	Address Shenandoah, IA									
19.	Place of Burial or RemovaRose-Hill-Cemetery, Shenandoah, IA Date of BuriaNovember 25, 2008, 19	9								
20.	20. UndertakerHackett-Livingston-Funeral HomeAddressShenandoah, Iowa 51601									

Date of Death 11/21/2008 Ruth Virginia Warner

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.

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	each lot, beg blanks will the identify grav	ginning with Lot No nen be taken to th	e cemetery and a r	rate sheet for eac ecord will be mad	h lot. This can be	done in the of the of the of the names	office from the	plat and the owner ed and location of	er's name and other data as: grave on lot. A number cor	evious burials, draw a diagram, with p o ownership secured from deed record esponding to name must be placed of	encil, of I. These n plat to
	/ 9.00	tion Owned	Secon	ition, Sub-division	illor	<u>U</u>	, Block €	28 S4	OFN 2 Lot	No, Dimension	_ Ft.
	Name of Owner Address _						Date Sold A Price \$ 400				
	Remarks: Concrete Vault										
								Grave No.	FULL NA	ME OF DECEASED	REMARKS
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