BURIAL REPORT

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

Burial or Permit No.

1.	Place of Death:Pottaw		Council Bluffs, IA (Township or City)			Jennie Edmondson Hospital (Facility)				
	(County)									
2.	Name: Miller, Angela Je	an								
3.	Sex: Female	4. Color	or Race:		White					
5.	Single, Married, Widowed	or Divorced:	Married							
6.	Date of Birth: April 2	27, 1962		7. Age	58	Years	8	Months	9	Days
8.	Occupation: Reside	ential Treatment Worker								
9.	Birthplace (State or County)): Shenando	oah, Ia							
10.	Name of Father:	William Jackson								
11.	Birthplace of Father:	Unknown	,							
12.	Maiden Name of Mother:	Nancy Feil								
13.	Birthplace of Mother:	Unknown								
14.	Informant: David Miller		_5. Address:510 McKinley Shen			nley Shenar	ndoah, IA	51601		
16.	Date of Death 6:30 p	o.m. Monday, January 5,	2015							
	Name of Doctor (or Coroner or Health Officer):		M.D.				6 0			_
	Address: Jennie Edmondson ICU Council Bluffs, IA									
	Place of Burial or Removal	: Rose Hill Cemetery			_Date of Bu	ırial:	Friday, Jar	uary 9, 20	15	
19.	Undertaker: Kirscl	h Funeral Chapel		Address: _		405 W. Th	omas Ave.	Shenando	ah, Iowa :	51601

Name:

Angela Jean Miller

Burial Date:

January 5th, 2015

Date of Death:

January 5th, 2015

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.

De	scription Owned _	Addition, Sub-division or Section	, Block <u>9</u>	N40FW3Lot No. 34	, Dimensions Ft.
Na Re:	me of Owner	te Vault 450° 2 gra	Address W2 Lo	Date Sold	30.00
(40)			LAKES	Grave No. FULL NAME OF DECE	ASED
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43				2 0 0	1
.w			2	from North lot	in of the
N. S. E. OR			W	est half to Center	of grave.
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INDICATE DIRECTION				Dan is arouse.	IMIXO :
INDICA				g gan	
			L.	Sevia date de	w.9,2015
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