

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7272

1. Place of Death Page Shenandoah, Iowa Shenandoah Medical Center
(County) (Township, Village or City) (Hospital)

2. Full name Glenn Anthony Castle

3. Sex Male 4. Color or Race White

5. Single, Married, Widowed or Divorced Married

6. Date of Birth October 9, 1917 7. Age 85 6 26
Occupation Farmer Years Months Days

8. Birthplace (State or Country) Independence, Missouri

9. Name of Father Edwin Castle

10. Birthplace of Father (State or Country)

11. Maiden Name of Mother Vera Brooks

12. Birthplace of Mother (State or Country)

13. Informant Maureen McCord 15. Address RR #1 Box 376, Hortense, GA 31543

14. Date of Death May 5, 2003, 19....

17.

Name of Doctor (or Coroner or Health Officer) Dr. Timothy Fursa, M.D.
Address 1 Jack Foster Dr., Shenandoah, IA 51601

19. Place of Burial or Removal Rose Hill Cemetery Date of Burial May 8, 2003
Undertaker Hackett-Livingston Funeral Home Address Shenandoah, Iowa 51601, 19....

DAID MAY 9 11 2003

300.00

BURIAL REPORT

No. 7272

Name Glenn A. Castle

Filed 5-8-03

19

MATT PARROTT & SONS CO., WATERLOO, IOWA #E832

Field Record of Previous Burials

FORM 35-7

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 same must be placed on plat to identify grave.

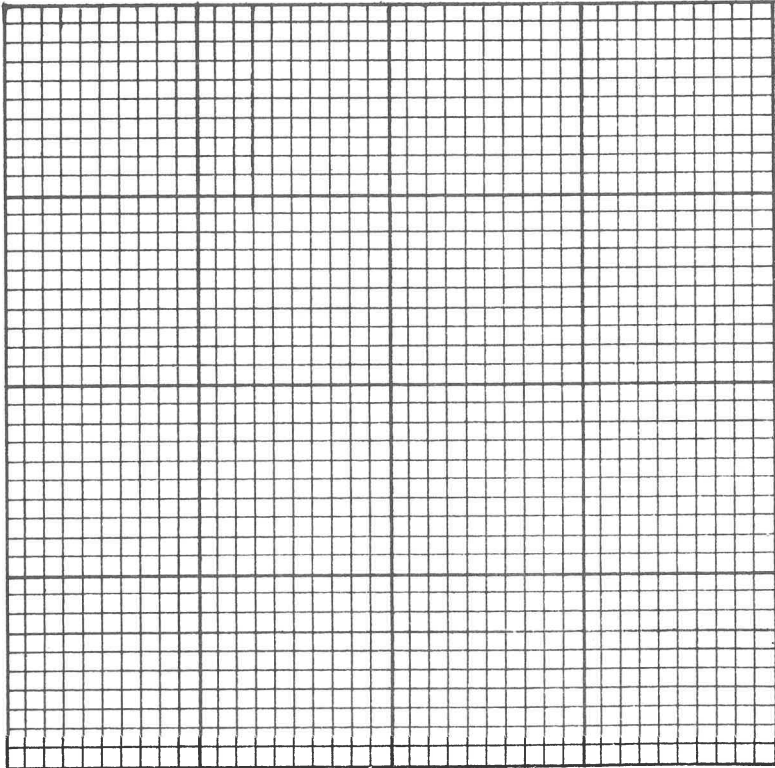
Description Owned Second Addition, Block 29 NB 1/2 Lot No. 6 Ft. _____
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Concrete Vault Price, \$ 300.00

130

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



Grave No.	FULL NAME OF DECEASED	REMARKS
1	Glenn A. Castle	
2		
3	6' from North lot line of	
4	the North half to center of grave.	
5	PAID MAY 20 2003	
6	2'6" from West lot line to	
7	edge of grave.	
8		
9	Burial date May 8, 2003	
10		
11	Hackett-Livingston Sew.	
12		