BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7565

1.	Place of Dea Page SI	enandoah Shenandoah Medical Center						
	(County)	(Township, Village or City) (Hospital)						
2.	Full name Virgil Kenneth Williams							
3.	Sxtate	4. Color or Race white						
5.	Single, Married, Widowed or Divorced_Married							
6.	Date of BirthAugust 2,	, 19-18 7. Age88Years6Months9Days						
8.		ship						
9.	Birthplace (State or Country) Burlington_Ict.	Missouri						
10.	Name of Father John Andrew - Williams							
11.								
12.	Maiden Name of Mother Effie G. Hagey							
13.	Birthplace of Mother (State or Country)							
14.		15. Address 1306 Longman Dr. #206, Shenandoah, IA 51601						
16.								
17.		·						
	Name of Doctor (or Coroner or Health Officer) Dr. Floyd A. Jones, DO							
	Channel Land							
19.		ry, Shenandoah, IA Date of Burial 02-15-07 19						
		meAddressShenandoah, Iowa 51601						

Dap-0/11/07	Filed telamony 15, 2001	Name Virgil K. Williams	No7545	BURIAL REPORT	(3 grove space	# 1287.50
- pradice	M. John	4		\	2	0

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, staw 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 buried and location of grave on lot. A number stresponding to name must be placed on plat to identify grave.

Description Owned

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, 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 Description Owned

Description Owned

Record.

Re Description Owned Addition, Sub-division M350. Name of Owner_ Date Sold Grave No. FULL NAME OF DECEASED REMARKS INDICATE DIRECTION BY N. S. E. OR W. 10 12