**BURIAL REPORT** 

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

Burial or Permit No.

1.	Place of Death	Douglas	Omaha	Nebraska Medical Center			
		(County)	(To	wnship or City)		(Facility)	
2.	Name:	Sharon Marie Wilson		•			
3.	Sex:fe	male		4. Color or	Race White		
5.	Single, Married,	Widowed or Divorced	married				
6.	Date of Birth	Jan. 30 1945	7. Ag	e 66 Years	Months	Days	
8.	Occupation:M	anger					
9.	Birthplace (State	or County) Sioux City, IA				Ŀ	
		Alva Cameron					
12.	Maiden Name of	Mother <u>Midget Newman</u>					
13.	Birthplace of Mo	ther					
14.	4. Informant Bob Wilson 15. Address 1402 S Elm St; Shenandoah, IA 51601						
15.							
	Date of Death: _	12/1/2011					
	,	or Coroner or Health Officer)		Murphy			
18.	Address	Omaha	and the same of th			1.	
19.	Place of Burial or	r Removal Rose Hill Ceme	tery		20. Date of Burial: _	7/7/2012	
21.	Undertaker	Hackett Livingston Funeral Cha	pel 2	2. Address	208 W. Clarinda	Avenue, Shenandoah, Iowa 5160	!

Burial Date 07/7/2012 BURIAL REPORT 06 2012

## **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.

SEP 06 2012

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 regard 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 Block 8 Addition, Şüb-division or Section Description Owned Lot No.

Name of Owner Date Sold Price, \$ 200 Remarks:

Grave

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

FULL NAME OF DECEASED REMARKS No. 2 5 10