

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

Burial or Permit No. 7883

1. Place of Death Douglas Omaha, NE. Nebraska Medical Center
(County) (Township or City) (Facility)
2. Name: Daniel Patrick Zollars
3. Sex: Male 4. Color or Race: White
5. Single, Married, Widowed or Divorced Married
6. Date of Birth October 19, 1951 7. Age 59 Years 2 Months 20 Days
8. Occupation: Carpenter
9. Birthplace (State or County) Riverdale, Maryland
10. Name of Father William Frank Zollars
11. Birthplace of Father _____
12. Maiden Name of Mother Marie M. Hoffman
13. Birthplace of Mother _____
14. Informant Amy Zollars 15. Address 201 Mathews Street, Shenandoah, Iowa 51601
16. Date of Death: January 07, 2011
17. Name of Doctor (or Coroner or Health Officer) Dr. M.D.
18. Address Omaha, Nebraska
19. Place of Burial or Removal Rose Hill Cemetery 20. Date of Burial: January 15, 2011
21. Undertaker Hackett Livingston Funeral Chapel 22. Address 208 W. Clarinda Avenue, Shenandoah, Iowa 51601

\$20000

PAID

BURIAL REPORT
JAN 25 2011

No. 7883
CITY CLERK

Name Daniel Patrick Zollars

Burial Date 01/15/2011

Date of Death 01/07/2011

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.

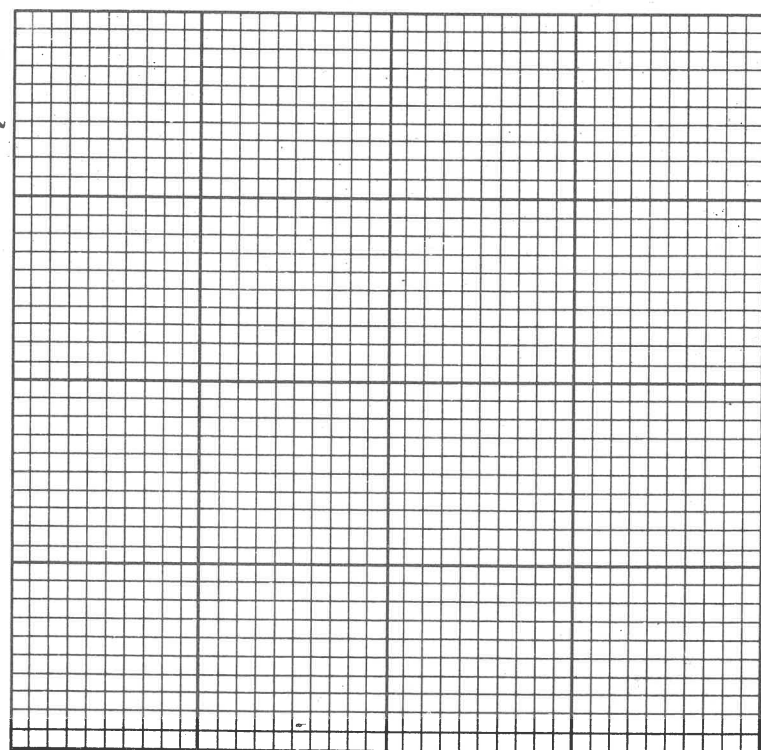
NOTE: Each small square represents a square foot of lot surface. For convenience each tenth foot is indicated by a heavy line. To make a record of previous burials, draw a diagram, with pencil, of each lot, beginning with Lot No. 1, and use a separate sheet for each lot. This can be done in the office 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.

Description Owned Second Addition, Block 34 N4'0FN 1/2 Lot No. 14 Ft. 14
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Cremation Price, \$ 200.00

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

Grave No.	FULL NAME OF DECEASED	REMARKS
1	Daniel P. Zollars	
2		
3		3' from North lot line of the North half to center of grave.
4		
5		2' 6" from West lot line to edge of grave.
6		
7		
8		Burial date Jan. 15, 2011
9		
10		
11		Net. + Livingston Sew.
12		