

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7351

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

2. Full name Sarah Ellen Rees

3. Sex Female 4. Color or Race white

5. Single, Married, Widowed or Divorced married

6. Date of Birth August 30, 1936 7. Age 67 Years 8 Months 3 Days

8. Occupation Teacher

9. Birthplace (State or Country) Hartford, IA

10. Name of Father Ralph Jasper Lorange

11. Birthplace of Father (State or Country)

12. Maiden Name of Mother Orpha Rosalie Cole

13. Birthplace of Mother (State or Country)

14. Informant Merlyn Rees 15. Address 1306 S. Moreland St., Shenandoah, IA

16. Date of Death May 3, 2004, 19

17.

Name of Doctor (or Coroner or Health Officer) Dr. Floyd A. Jones M.D.
 Address 1 Jack Foster Dr., Shenandoah, IA

19. Place of Burial or Removal Rose Hill Cemetary, Shenandoah, IA Date of Burial 05-07-2004, 19

20. Undertaker Hackett-Livingston Funeral Home Address Shenandoah, Iowa 51601

5/3/04 \$300

BURIAL REPORT

No. 1351

Name Sarah Rees

Filed May 7, 2004

Field Record of Previous Burials

FORM 35-7

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.

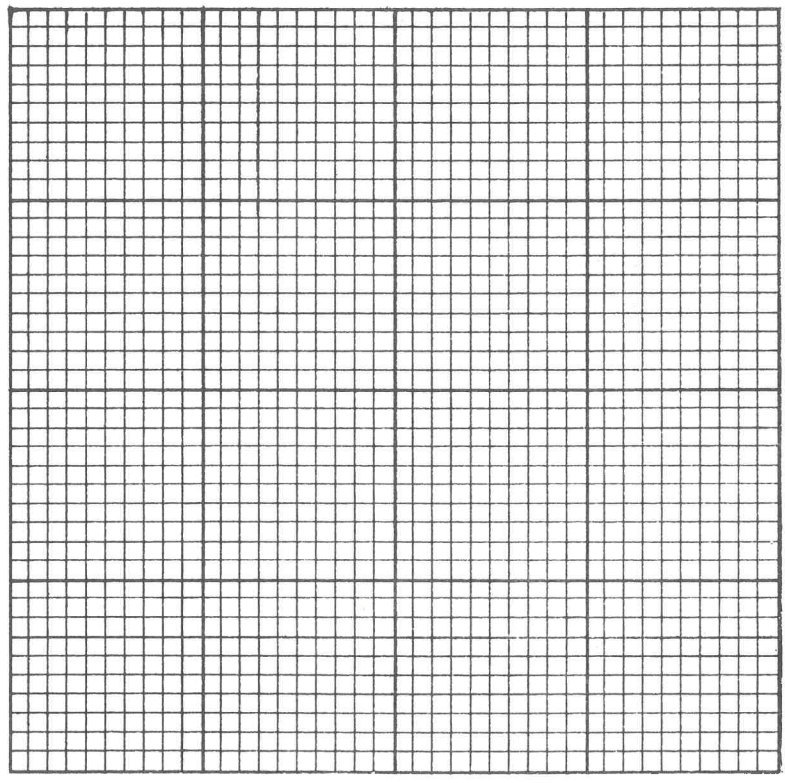
Description Owned Lakes, Block 8 N40°E2, Lot No. 57 Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: concrete vault Price, \$ 300.00

1/2

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



Grave No.	FULL NAME OF DECEASED	REMARKS
1	Sara E. Rees	
2	PAID MAY 19 2004	
3	2' from North lot line of the East half to Center of grave.	
5		
6	2' from East lot line to edge of grave.	
8		
9	Burial date May 7, 2004	
10		
11	Hackett & Livingston Sew.	
12		