BURIAL REPORT

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

Burial or Permit No. 7800

1.	Place of Death PAGE		SHENAN	NDOAH			GARDEN VIEW CARE CENTER					
	(County)	(Township				(Facility)					
2.	Name:EMMA M	AXINE FLYNN			,							
3.	Sex:FEMALE			4. Col	or or Race		WHITE_					
5.	Single, Married, Widowe	Single, Married, Widowed or Divorced WIDOWED										
6.	Date of BirthFEBF	RUARY 22, 1926		7. Age _	83	_Years _	11	Months	11	Days		
8.	Occupation: BOOK	KEEPER										
9.	Birthplace (State or Coun	ty)MAITLAN	N, MISSOURI									
10.	Name of FatherVI	ERNON SMITH										
11.	Birthplace of Father		-									
12.	Maiden Name of MotherANNA BLANCH MCKINNEY											
13.	Birthplace of Mother											
14.	InformantMICH											
16.	Date of Death:	JANUARY 2, 2010										
							,	·				
17.	Name of Doctor (or Coror	er or Health Officer)	DR. W	EDDEL								
		Address300 PERSHING AVENUE, SHENANDOAH, IOWA 51601										
19.	Place of Burial or Remov	al <u>ROSE HIL</u>	L CEMETER	.Y			Date of Buri	al:JA	NUARY 7, 20	010		
20.	Undertaker <u>HACKETT</u>	LIVINGSTON FUNER	AL HOME	_Address	208 W. C	CLARINI	OA AVENUE	, SHENAN	DOAH, IOW	A 51601		

JAN 25 2010
BURIAL REPORTCLERK
No. 1800
Name_EMMA MAXINE FLYNN
Burial Date 01/07/2010
Data of Docth 01/02/2010

Field Record of Previous Burials

PAID

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 sequred from deed record. These identify grave.

	identify grave.	in be taken to the	centerery and	a record will b	oe made trom	the/lots, of	the name	s of those	e buriec		f grave on lot. A number corresponding to name must be	e placed on p	lat to		
	Description	on Owned	Seco	Addition, Sub-o	division or Sec	tion	2	, Bloo	ck <u>3</u>	8 S	AOFN 2 Lot No. And Co.	Dimensions	Ft.		
	Name of	Name of OwnerAddress _							Date Sold						
	Remarks: Concrete Vault							Price, \$ 400.00							
									\blacksquare	Grave No.	FULL NAME OF DECEASED	. 0	REMARKS		
4	0									E	mma Maxine	Hur	m		
7										2	14011	1	0.1		
OR W.										24	on South lot line	col	The		
ui										Porth	half to Center o	low	aul.		
INDICATE DIRECTION BY N. S.										5	the second	6,0	1		
: DIRECT										26	from West lot !	ine	to		
ADICATE										edge	eaf grove.		-6		
=									\blacksquare	08	On on a				
										BIL	hia date Jan.	7,2	0/0		
										10	All O				
										11	HT Twinston	1	W.		
										12 V					