BURIAL REPORT

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

Burial or Permit No.

1.	Place of Death Page Shenandoah, IA Shenandoah Medical Center (County) (Township or City) (Facility)
2.	
3.	Sex: Female 4. Color or Race White
5.	Single, Married, Widowed or Divorced: Married
6.	Date of Birth <u>04/09/1933</u> 7. Age <u>82</u> Years <u>Months</u> Days
8.	Occupation: Business Owner - Shenandoah Sanitation
9.	Birthplace (State or County) Northboro, Iowa .
10.	Name of Father Orville Christensen
11.	Birthplace of Father
12.	Maiden Name of Mother: Elizabeth Hensleigh
13.	Birthplace of Mother
14.	Informant William Scharp 15. Address: 1001 W. Lowell Shenandoah, Iowa 51601
16.	Date of Death:
17.	Name of Doctor (or Coroner or Health Officer) <u>Dr.Bowery</u> 18. Address <u>Shenandoah, IA</u>
19.	Place of Burial or Removal Rose Hill Cemetery 20. Date of Burial: 05/14/2015
21.	Undertaker Hackett Livingston Funeral Home
22	Address 208 W Clarinda Ave Shenandoah Iowa 51601

Date of Death 05/09/2015 **BURIAL REPORT**

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 vill be made from the lats, of the names of those buried and location of grave on lot. A null ber corresponding to name must be placed on plat to identify grave. Lot No. Description Owned

Name of Owner Address Date Sold Remarks: Price, \$ Grave FULL NAME OF DECEASED REMARKS 15 INDICATE DIRECTION BY N. S. E. OR W. 10