

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7514

- 1. Place of Death Page Shenandoah
(County) (Township, Village or City) (Hospital)
- 2. Full name Lelia Marie Franks
- 3. Sex F 4. Color or Race White
- 5. Single, Married, Widowed or Divorced widowed
- 6. Date of Birth February 16, 19 26 7. Age 80 Years 5 Months 16 Days
- 8. Occupation Shipping Clerk
- 9. Birthplace (State or Country) Shenandoah, IA USA
- 10. Name of Father William Brown
- 11. Birthplace of Father (State or Country)
- 12. Maiden Name of Mother Lillie Jones
- 13. Birthplace of Mother (State or Country)
- 14. Informant Pam Hannah 15. Address 3616 87th St., Columbus, NE 68601
- 16. Date of Death August 1, 19 2006
- 17. _____
- Name of Doctor (or Coroner or Health Officer) Floyd Jones, DO
- Address 1 Jack Foster Dr. Shenandoah, IA 51601
- 19. Place of Burial or Removal Rose Hill Cemetery Date of Burial August 3, 19 2006
- 20. Undertaker William D. Selby Address 405 W. Thomas, Shenandoah, IA 51601

BURIAL REPORT

No. 7514

Name Lelia M. Franks

Filed Aug 1, 2006

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◆ HATT PARROTT & SONS CO., WATERLOO, IOWA 52240-1832

Field Record of Previous Burials

FORM 35-7

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.

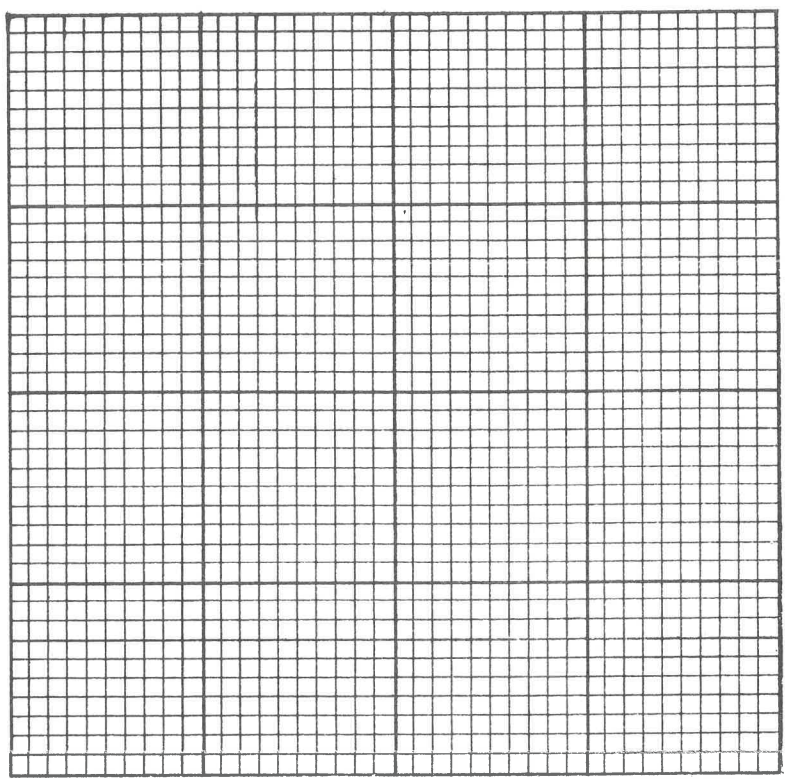
Description Owned Second Addition, Block 38 S4⁰ E N8⁰ W 1/4, Lot No. 9, Dimensions 99 x 200 Ft.

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	Lelia M. Franks	
2		
3		5' from North lot line of the North half to center of grave.
4		
5		
6		3' from East lot line to edge of grave.
7		
8		
9		Burial date Aug. 3, 2006
10		
11		Selby Sev.
12		