

BURIAL REPORT

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

Burial or Permit No. 8108.....

1. Place of Death: Page Shenandoah Shenandoah Medical Center
(County) (Township or City) (Facility)
2. Name: Kayden Bowers
3. Sex: Female 4. Color or Race: White
5. Single, Married, Widowed or Divorced: Single
6. Date of Birth: November 14, 2013 7. Age 0 Years 0 Months 0 Days
8. Occupation: Still Born
9. Birthplace (State or County): Shenandoah, Iowa
10. Name of Father: Zach Bowers
11. Birthplace of Father: Unknown
12. Maiden Name of Mother: Jenna Stribling
13. Birthplace of Mother: Unknown
14. Informant: Zach Bowers 5. Address: 106 W. Valley Shenandoah, IA 51601
16. Date of Death Unknown Thursday, November 14, 2013

Name of Doctor (or Coroner or Health Officer): Scott King, MD

Address: 1 Jack Foster Drive Shenandoah, Iowa 51601

Place of Burial or Removal: Rose Hill Cemetery Date of Burial: Saturday, November 23, 2013

19. Undertaker: Kirsch Funeral Chapel Address: 405 W. Thomas Ave. Shenandoah, Iowa 51601

BURIAL REPORT

No. 8108

Name KAYDEN BOWERS

Burial Date 11/23/2013

Date of Death 11/14/2013

Field Record of Previous Burials

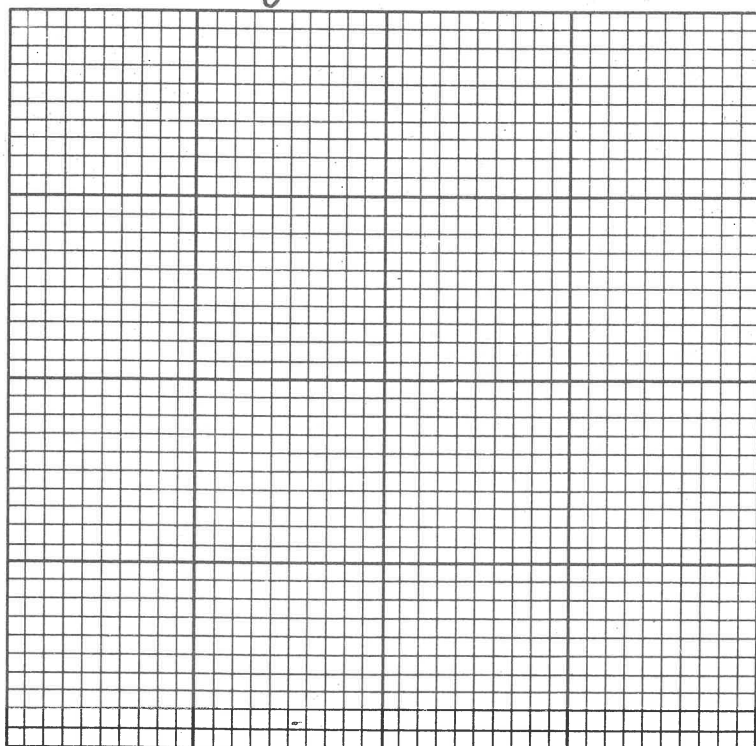
These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.

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 38 GRAVE N Lot No. 34, _____ Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Memory Box #250.00 1 BABY GRAVE #50.00 Price, \$ 300.00



| Grave No. | FULL NAME OF DECEASED | REMARKS |
|-----------|-----------------------|---|
| 1 | Kayden Bowers | |
| 2 | | |
| 3 | | 12' from South lot line to Center of grave. |
| 4 | | |
| 5 | | 2' from East lot line to edge of grave. |
| 6 | | |
| 7 | | Burial date Nov. 23, 2013 |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | Kirsch Sev. | |
| 12 | | |

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

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