

BURIAL REPORT

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

Burial or Permit No. 8208

1. Place of Death Washington Hagerstown, Maryland Meritus Medical Center
(County) (Township or City) (Facility)
 2. Name: Beth June Rochefort
 3. Sex: Female 4. Color or Race White
 5. Single, Married, Widowed or Divorced Never Married
 6. Date of Birth January 4, 1926 7. Age 84 Years 1 Months 2 Days
 8. Occupation: Director of Publications in the Education Field
 9. Birthplace (State or County) Iowa
 10. Name of Father George Bratton Rochefort
 11. Birthplace of Father unknown
 12. Maiden Name of Mother Eunice Henderson
 13. Birthplace of Mother unknown
 14. Informant Paul Rochefort 15. Address 310 Karen Lane, Shenandoah Valley, WV 25442
 16. Date of Death: 3:11 A.M. Saturday, April 28, 2012
- Name of Doctor (or Coroner or Health Officer) Farid Murshed, MD
- Address 1126 Opal Ct. Hagerstown, MD 21740
- Place of Burial or Removal Rose Hill Cemetery Date of Burial: Thursday, April 16, 2015
19. Undertaker Kirsch Funeral Chapel Address 405 W. Thomas Ave. Shenandoah, Iowa 51601

Burial Report

No. 8208

Name: Beth June Rochefort

Burial Date: 04/16/2015

Date of Death: 04/28/2012

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.

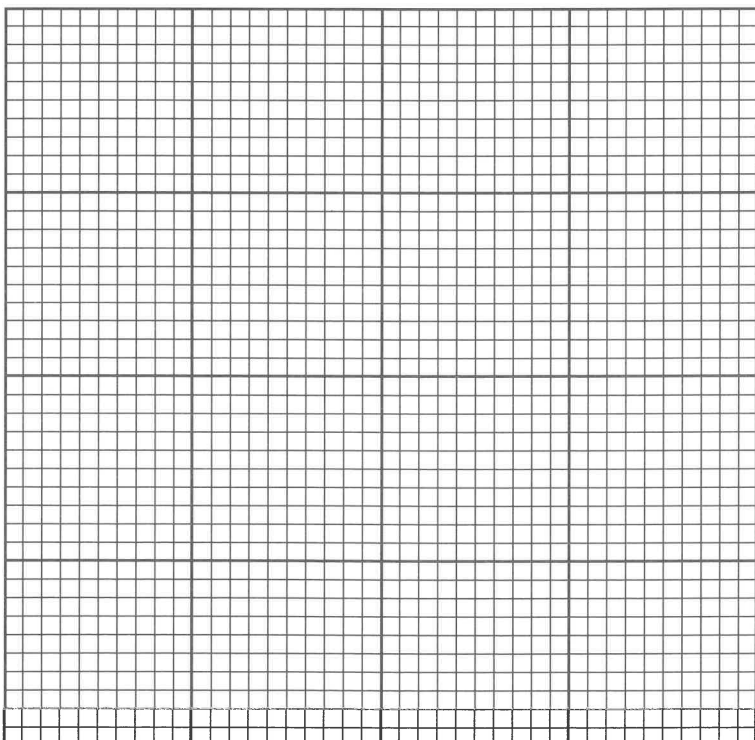
Description Owned Second Addition, Block 38 N80°FN½ Lot No. 40, _____ Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: cremation Price, \$ 250.00

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



Grave No.	FULL NAME OF DECEASED	REMARKS
2	Beth J. Rochefort	6' from North lot line of the North half to Center of grave.
5		2'6" from East lot line to edge of grave.
10		Burial date April 16, 2015
11		Hirsch Sev.
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