## **BURIAL REPORT**

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

Burial or Permit No. 8442

1.	Place of Death_	Atchison	Fairfax, MO	Fairfax Co	ommunity Hospital	
		(County)	(Township or C	City)	(Facility)	
2.	Name: Mista Le	na Harms				
3.	Sex: female		4. Color or Race	White		
5.	Single, Married,	Widowed or divorced	divorced			
6.	Date of Birth 12/12/1917 7. Age 101 Years Months Days					
8.	Occupation: _Ho	usekeeper				
9.	Birthplace (State	e or County) <u>Shenando</u>	oah, IA			
10.	Name of Father:	_Emet Lewis				
11.	Birthplace of Fa	ther				
12.	Maiden Name o	f Mother: Viola Starnes	3			
13.	Birthplace of Mo	other				
14.	Informant_Shar	on Brown 15.Addres	ss: 505 South 8th St: Tarl	кіо, МО 64491		
16.	Date of Death:	12/27/2018				
17.	Name of Doctor	(or Coroner or Health	Officer) Dr. Burke 18	. Address: Fair	fax, MO	
19.	Place of Burial	or Removal	Rose Hill Cemetery	2	20. Date of Burial: <u>12/31/2018</u>	
21.	Undertaker	Hackett Livingston F	uneral Home			
22.	Address 2	08 W. Clarinda Ave,	Shenandoah, Iowa	<u>1 51601</u>		

BURIAL REPORT

No. 8442

Name: Mista L Harms

Burial Date: 12/31/2018

Date of Death 12/27/2018

## **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.

ic	dentify grave. Description Owned	2nd	division or Section , Bloc	20	N2 Part of Lot No. 47	,Ft.
ľ	Name of Owner	Lawis	Address		Date Sold	
F	Remarks:	on crete	Vault		Price, \$	
				Grave No.	FULL NAME OF DECEAS	ED RE
,				1	Mista Harn	ns

Aw Se A Stone

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

No.	FULL NAME OF DECEASED	REMARKS
1	Mista Harms	,
2	Lauis	
3	6' from Not lin	16
4	in Nt to center of	grave
5		)
6	26 from Elot 1:	NE
7	to edge of grav	IE. *
8		f
9		
10		
11	Hadlett *	
12	12/31/18	