BURIAL REPORT

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

Burial or Permit No. 7843

1,		City, Missouri Liberty Hospital hip or City) (Facility)					
2	(10)	(;)					
2.	2. Name: <u>Kathryn A. Johnston</u>						
3.	3. Sex: Female	4. Color or Race White					
5.	Single, Married, Widowed or Divorced Widowed						
6.	6. Date of Birth September 6, 1919	7. Age 90 Years 9 Months 8 Days					
8.	8. Occupation:Teacher						
9.							
10.	10. Name of Father <u>Charles Looker Ashby</u>						
11.							
	Maiden Name of MotherIona Opal Worthington						
	13. Birthplace of Mother						
14.	14. Informant Sandra Adams, Daughter	15. Address 4547 NE 56th Street, Kansas City, Missouri 64119					
16.	16. Date of Death: June 14, 2010						
۱7.	17. Name of Doctor (or Coroner or Health Officer) Dr. J	ohn Burroughs, M.D					
8.	18. Address	W. Kansas Street, Liberty, Missouri, 64068					
9.	9. Place of Burial or Removal Rose Hill Cemetery	Date of Burial:06/18/2010					
20.	UndertakerWhite Chapel Funeral Home, D.W. Newcomers Sons _Address6600 Northeast Antioch Road, Gladstone, MO. 64119						

Date of Death <u>06/14/2010</u>	Burial Date 06/18/2010	Name_Katherine A. Johnston	No. 7848ITY CARROLL	BURIAL REPORT ² 1 2000	D
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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 sheef or 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 lofs, 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 Name of Owner Address Date Sold Remarks: Price, \$ Grave FULL NAME OF DECEASED REMARKS INDICATE DIRECTION BY N. S. E. OR W. 10 11 12