BURIAL REPORT

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

Burial or Permit No. 7725

				County Medical Center_
	(County)	(Township or City)	(Facilit	ry)
2.	Name:Dorothy Elma Hagedorn			
3.	Sex:Female	4. Color or Race	White	
5.	Single, Married, Widowed or Divorced	Widowed		
6.	Date of Birth May 14, 1927	7. Age <u>81</u>	Years10N	MonthsDays
8.	Occupation: Fabric Store Owner			
9.	Birthplace (State or County) Sidney , Iow	ra		
10.	Name of FatherCharles Arthur Lee			
11.	Birthplace of Father			
12.	Maiden Name of MotherAlice Viola Clark			
13.	Birthplace of Mother			
14.	Informant Lois Higgins	15. Address	300 Hendrick Street, Ri	ppey Iowa
16.	Date of Death: March 7, 2009			
	Name of Doctor (or Coroner or Health Officer)	Dr. Constantine Panakos		
	Address Gree	en County Medical Center		
	Place of Burial or RemovalRose Hill Cer	netery	Date of Burial:	March 13, 2009
19.	Undertaker <u>Hackett-Livingston Funeral Home</u>	AddressShena	ındoah, Iowa 51601	

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 jots, 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

Block 38

NB of S 2 Lot No. 5 MAR 17 2009 Ft.

Description (Owned	Deco

Grave

Name of Owner

Address

Date Sold

Remarks:

Price, \$

REMARKS

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

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FULL NAME OF DECEASED