BURIAL REPORT

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

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Burial or Permit No			<u> </u>	′ /	 	

1.	Place of Death Douglas	Omaha, Nebraska	Nebraska Medical Center	
	(County)	(Township or City)	(Facility)	
2.	Name:Maribelle Read			
3.	Sex: Female	4. Color or Race	White	
5.	Single, Married, Widowed or DivorcedW	Vidowed	f	
6.	Date of Birth October 27, 1918			
8.	Occupation: Actress			
9.	Birthplace (State or County) Pittsfield, M	IA		
10.	Name of Father <u>Duane Horning Redfield</u>			
11.	Birthplace of Father <u>unknown</u>			
12.	Maiden Name of Mother <u>Virgie Trullinger</u>			
13.	Birthplace of Motherunknown			
14.	Informant Robin Read	15. Address108	80 Wisconsin Ave NW #103 & 104	Washington, D.C. 20007
16.	Date of Death: Wednesday, October 26, 2011			
	Name of Doctor (or Coroner or Health Officer)	Joseph Sisson, M.D.	/.	
	Address Nebraska Medical Center Omaha, Neb	raska 68198		
	Place of Burial or Removal Rose Hill Cen	netery	Date of Burial:Tuesday, May 29,	2012
19.	Undertaker Kirsch Funeral Chapel	Address405 W. Thoma	as Ave. Shenandoah, Iowa 51601	

Name Maribelle "Redfield" Read Burial Date 05/29/2012 Date of Death 10/26/2011	BURIAL REPORT CITY CLERK No. 8007
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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 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. Anumber correspondence to name must be placed on plat to

Description Owned Second University Addition, Sub-division or Section	, Block 31 No Part of Lot No. STY Comensions of K
Name of Owner Address _	Date Sold
Remarks: Cremation	Price, \$ 200.
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Grave FULL NAME OF DECEASED REMARKS No. INDICATE DIRECTION BY N. S. E. OR W. 10 11