BURIAL REPORT

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

Burial or Permit No.

1.	Place of Death	Page	Shenando	Shenandoah		Shenandoah Medical Center		
		(County)	(Towns	ship or City)		(Facility)		
2.	Name:	Geraldine L	ouise Morelock	1 37			.	
3.	Sex:	fe male		_ 4. Color or Race	eWhite			
5.		, Widowed or Divorced						
6.	Date of Birth / ®	/17/1926		7. Age <u>84</u>	Years //	Months 28	Days	
8.	Occupation:	R.N.				<u>.</u>		
9.	Birthplace (State or County) Imogene, IA							
10.	Name of Father William Louis Gutschenritter							
11.	Birthplace of Father							
12.	Maiden Name of MotherVergie Belle Prichard							
13.	Birthplace of Mother							
14.	Informant Glenn Morelock 15. Address 300 Elm Street; Shenandoah, IA 51601 .							
16.	Date of Death:	10/14	/2011					
		(or Coroner or Health Offic Shenar				1.	<u>.</u>	
19.	Place of Burial	or Removal Rose Hil	Cemetery	20. I	Date of Burial:	10/25/2011		
21.	Undertaker	Hackett Livingston Funer	al Chapel 22.	Address 2	208 W. Clarinda A	venue, Shenandoah,	Iowa 51601	

BURIAL REPORT NOV 2 3 2011

No. 1959 CITY CLERK

Name Geraldine Morelock

Burial Date 10/25/2011

Date of Death 10/14/2011

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 bts, of the names of those buried and location of grave on lot. Anumber corresponding to name must be placed on plat to identify grave. 80F 2Lot No. Description Owned Name of Owner Address Date Sold 00 Remarks: Price, \$ Grave FULL NAME OF DECEASED REMARKS No. INDICATE DIRECTION BY N. S. E. OR W. 5 10 11 12