## **BURIAL REPORT**

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

Burial or Permit No. 1966

1.	Place of Death Page				Elm Heights Care Center			
			(Towns	nip or City)		(Facility)		
2.	Name:	Betty Lou Leacox						
3.	Sex: female			4. Color or	Race	White		
5.	Single, Married, Widowe	ed or Divorced	widowed					
6.	Date of Birth 02/15/192	7		7. Age <u>84</u>	Years	Months	Days	
8.	Occupation: owner	monument business.						
9.	Birthplace (State or Cour	nty) Bedford, IA						
10. 11.		Claude McCrea						
12.	Maiden Name of Mother	Faye Swearingen						
13.	Birthplace of Mother							
14.	4. Informant Betty Casteel 15. Address 59948 Marne Dr; Atlantic, IA 50022							
15. 16.	Date of Death:	12/8/2011						
		ner or Health Officer) Shenandoah				/ •	<u>-</u>	
19.	Place of Burial or Remov	val Rose Hill Cemeter	y		20. Date of B			
21.	Undertaker Hackett	Livingston Funeral Chapel	22. <i>A</i>	ddress	208 W. C	larinda Avenue, Shenand	oah, Iowa 51601	

12/12/2011

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 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.

Description Owned

Rlock 39

Rlock 30

Description Owned

Name of Owner Address Date Sold Remarks:

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

Price, \$ Grave FULL NAME OF DECEASED REMARKS No. 2 10 11 12