## **BURIAL REPORT**

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

Burial or Permit No. 8158

1.	. Place of Death: Fremont Shenandoah (County) (Township or City)	3900 block 195 <sup>th</sup> Street (Facility)				
2.		•				
3.	Sex: Male 4. Color or Race:	White				
5.	. Single, Married, Widowed or Divorced: Married					
6.	. Date of Birth: March 2, 1989	7. Age <u>25</u> Years <u>5</u> Months <u>12</u> Days				
8.	. Occupation: Laborer					
9.	Birthplace (State or County): Hamburg, Iowa					
10.	Name of Father: Christopher Britt Nurse					
11.	Birthplace of Father: Unknown					
12.	Maiden Name of Mother: Michele Kay Hoyt					
13.	3. Birthplace of Mother : <u>Unknown</u>					
14.	Informant: Natasha Hoyt 5. Address: 302 Central St. Essex, IA 51638					
16.	6. Date of Death: Thursday, August 14, 2014 9:30 a.m.					
		/•				
	Name of Doctor (or Coroner or Health Officer):					
	Address: 2250 S. Ankeny Blvd. Ankeny, IA 50023					
	Place of Burial or Removal : Rose Hill Cemetery I	Date of Burial: Tuesday, August 19, 2014				
19.	9. Undertaker: Kirsch Funeral Chapel Address:Address:	405 W. Thomas Ave. Shenandoah, Iowa 51601				

BUR	BURIAL REPORT
N <sub>C</sub>	No. 8158
Name_TRAVIS A. HOYT	ТҮОТ
Burial Date	09/19/2014
Date of Death	08/14/2014

## **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 each lot, beginning with Lot No. 1, and use a separate she blanks will then be taken to the cemetery and a record widentify grave.  Description Owned	the division or Section, Block 5	ed by a heavy line. To make a record of previous burials, draw a diagram, with pencit and the owner's name and other data as to ownership secured from deed record. The indication of grave on lot. A number corresponding to name must be placed on placed on the location of grave on lot. A number corresponding to name must be placed on placed on placed on the location of grave on lot. A number corresponding to name must be placed on pla	II, of lesse at to Ft.
	Name of Owner  Remarks: Concrete Vaul	2 grave spores N4,0FE	Date Sold	- -
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