

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

Burial or Permit No. 7847

1. Place of Death Page Shenandoah Shenandoah Medical Center  
(County) (Township or City) (Facility)
2. Name: James Robert McElroy
3. Sex: Male 4. Color or Race White
5. Single, Married, Widowed or Divorced Single
6. Date of Birth August 20, 1952 7. Age 56 Years 8 Months 0 Days
8. Occupation: Custodian
9. Birthplace (State or County) Omaha, Nebraska
10. Name of Father Robert McElroy
11. Birthplace of Father \_\_\_\_\_
12. Maiden Name of Mother Joyce Mattes
13. Birthplace of Mother \_\_\_\_\_
14. Informant Joyce McElroy 15. Address 402 Mathew Street, Shenandoah, Iowa 51601
16. Date of Death: April 20, 2009
17. Name of Doctor (or Coroner or Health Officer) Dr. Mahoney, M.D.
18. Address Red Oak, Iowa 51566
19. Place of Burial or Removal Rose Hill Cemetery 20. Date of Burial: July 31, 2010
21. Undertaker Hackett Livingston Funeral Chapel 22. Address 208 W. Clarinda Avenue, Shenandoah, Iowa 51601

# BURIAL REPORT

No. 7847

Name James R. McElroy

Burial Date 07/31/2010

Date of Death 04/20/2010

## 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.

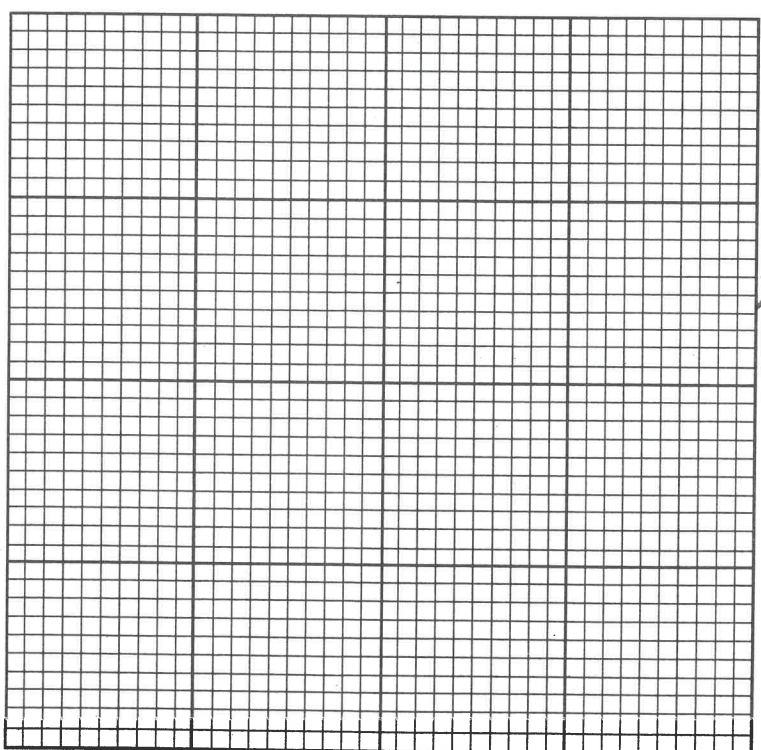
Description Owned South View, Block 6 E 4'0" N 1/2 Lot No. 94 Ft. 94.95 2010  
Addition, Sub-division of Section Part of Lot Dimensions

Name of Owner \_\_\_\_\_ Address \_\_\_\_\_ Date Sold \_\_\_\_\_

Remarks: Cremation Price, \$ 200.00

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



Grave No.	FULL NAME OF DECEASED	REMARKS
1	James R. McElroy	
2		
3		2' from East lot line of the North half to center of grave.
4		
5		2' from North lot line to edge of grave.
6		
7		
8		
9		Burial date July 31, 2010
10		
11		Hgt. & Livingston Sev.
12		