

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

Burial or Permit No. 8138 ©

1. Place of Death Page Shenandoah Shenandoah Medical Center
(County) (Township or City) (Facility)
2. Name: Joyce K. McElroy
3. Sex: Female 4. Color or Race White
5. Single, Married, Widowed or Divorced Widowed
6. Date of Birth Sept. 23, 1928 7. Age 84 Years 7 Months 15 Days
8. Occupation: Secretary
9. Birthplace (State or County) Farragut, Iowa
10. Name of Father Alfred Mattes
11. Birthplace of Father _____
12. Maiden Name of Mother: Pearl May Cheney
13. Birthplace of Mother _____
14. Informant Martin Mattes 15. Address: 2140 N. Hwy 71 Clarinda, IA 51632
16. Date of Death: May 8, 2013
17. Name of Doctor (or Coroner or Health Officer) Dr. Isaacson 18. Address Shenandoah, IA
19. Place of Burial or Removal Rose Hill Cemetery 20. Date of Burial: 04/12/2014
21. Undertaker Hackett Livingston Funeral Chapel 22. Address 208 W. Clarinda Avenue, Shenandoah, Iowa 51601

250.00

BURIAL REPORT

No. 8138

Name Joyce K. McElroy

Burial Date 04/12/2014

Date of Death 05/08/2013

Field Record of Previous Burials

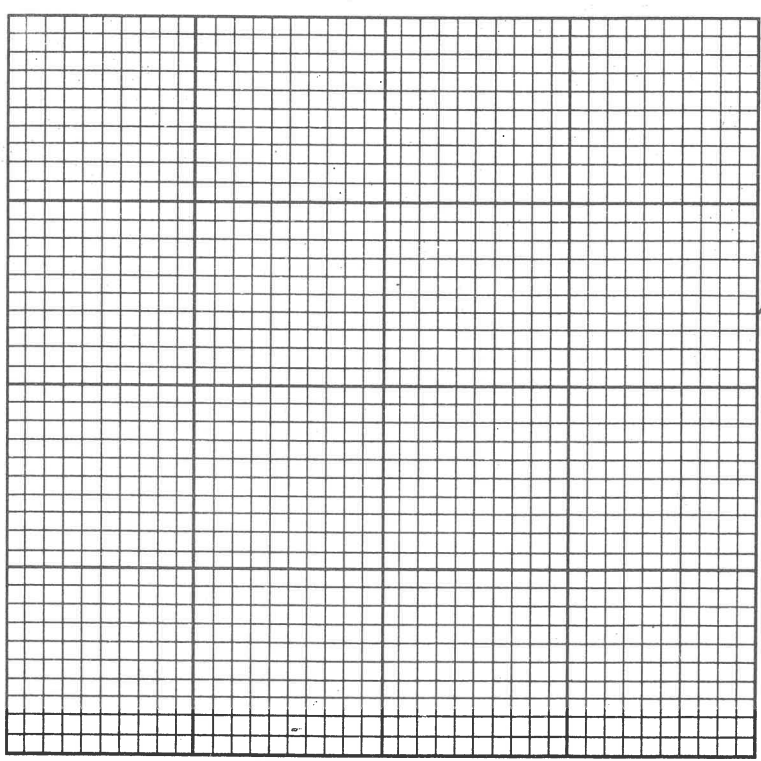
These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.

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 W4'0FN/2 Lot No. 94, _____ Ft.
Addition, Sub-division of Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Cremation Price, \$ 250.00



39

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

Grave No.	FULL NAME OF DECEASED	REMARKS
1	Joyce K. McElroy	
2		
3		2' from West 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 April 12, 2014
10		
11		Hgt. & Livingston Sev.
12		