BURIAL REPORT

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

Burial or Permit No. 7459

1.	Place of Death: Page	Cla	Clarinda (Township or City)		Westridge Quality Care Center (Facility)			
	(County)	(Tow						
_	N I D. D							
2.	Name: <u>Irma Rose Powers</u>							
3.	Sex: Female	4. Color or R	ace: White					
5.	Single, Married, Widowed or	Divorced: Wi	dowed					
6.	Date of Birth:August	23, 1929_	7. Age <u>78</u>	Years7	Months 23 Days			
8.	Occupation: Laborer	<u> </u>						
9.	Birthplace (State or County):	Burlington, C	olorado					
10.	Name of Father: George William Hahn							
11.	Birthplace of Father: Unknown							
12.	Maiden Name of Mother: Katherine Rose Wilhelm							
13.	Birthplace of Mother:	Unknown						
14.	Informant:							
16.	Date of Death 9:58 P.M. Tuesday, April 15, 2008							
	Name of Doctor (or Coroner of							
	Address:1 Jack Foster Drive Shenandoah, Iowa 51601							
	Place of Burial or Removal :	April 18, 2008						
19.	Undertaker: Kirsch	Funeral Chapel	Address:	405 W. Thomas A	ve. Shenandoah, Iowa 51601			

Date of Death 04/15/2008	Burial Date 04/18/2008	Name_Irma Rose Powers	SEP 0 8 2008 BURIAL REPORT CITY CLERK No. 1455	D

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.

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 a separate sheet for each of. This can be done in the office from the plat and the owner's name and office at a sit ownership secured from deed record. These and a record will be made from the lots, of this names of those buried and location of grave on lot. A surpler corresponding to name must be placed on plat to These sheets to be used on NOTE: Each small square represents a square foot of lot surface, each lot, beginning with Lot No. 1, and use a separate sheet for each of blanks will then be taken to the cemplery and a record will be made if identify grave.

Description Owned Dimensions Name of Owner Address Date Sold SFP Price, \$ Grave FULL NAME OF DECEASED REMARKS No. 2 INDICATE DIRECTION BY N. S. E. OR W. 10 12