BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 6979

1.	Place of Death Douglas (County)	Omaha (Township, Village or City)	Univ. of NE Medical Center (Hospital)			
2.	Full name Talma B.	Chambers				
3.	SexFemale	4. Color or Race_White	q.			
5.	Single, Married, Widowed or Divorced Marrie	d				
6.	Date of Birth March 3, 1926	, 19 7. Age73Years	10 Months 19 Days			
8.	Occupation Homemaker					
9.	Birthplace (State or Country) _ Cassville,	MO				
10.	Name of Father Harvey Edward Benr					
11.	Birthplace of Father (State or Country)					
12.	Maiden Name of Mother Bernice Gray	<u> </u>				
13.	Birthplace of Mother (State or Country)					
14.	Informant Eugene Chambers	15. Address_120	00 Johnson Drive			
16.	Date of DeathJanuary 22,	, XX 2000 She	enandoah, IA 51601			
17.						
19.	Name of Doctor (or Coroner or Health Officer) Craig A. Piguette, M.D. Address 600 South 42nd 0maha, NE 68198 19. Place of Burial or Removal Rose Hill Date of Burial January 26, XX 2000					
20.	UndertakerWilliam_DSelby,_FD		nomas Ave,; P.O. Box 526			

●MATT PARROTT & SONS CO., WATERLOO, IOW . ‡E832

Field Record of Previous Burials

FORM 35-7

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 secord. 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. In number corresponding to name must be place on plat to identify grave.

Description Owned

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Rock 43

NOFS 2Lot No. / Pt.

Description Owned

Addition, Sub-division or Section

, Block 43

Part of Lot

Name of Owner.

0 id. z.

INDICATE DIRECTION BY

Address.

Date Sold

Price, \$2

Remarks:

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	Grave No.	FULL NAME OF DECEASED	REMARKS		
	1	Talma B. Chamber	D.		
	2				
	3	6 from the north lot lin	ι		
	4	of the South hall to Cer	rter		
	5	of anne			
	6	1 Juni			
	7	26 from West lot line to			
	8	edge of grave.	2000		
	9		2000 EDIZ		
	10	Burial date Jan. 26,20	000		
	11				
	12	Selly Sev.			