BURIAL REPORT

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

1.	The Information Control Control	The Ambassador Care Center (Facility)			
	(County) (Township or City) (Facility)				
2.	Name: Harold Hansen				
3.	Sex: Male 4. Color or Race White				
5.	Single, Married, Widowed or Divorced Widowed				
6.	Date of Birth 11/20/1922 7. Age 87 Years 7 Months 26	Days			
8.	Occupation:Jeweler				
9.	Birthplace (State or County) Gladbrook, Iowa				
10.	Name of Father Hans Hansen				
11.	Birthplace of Father				
	Maiden Name of MotherLuella Byron				
	Birthplace of Mother				
14.	InformantTony Hansen (Son)15. Address500 E. Pioneer Avenue, Shenandoah, Iowa 51601				
16.	Date of Death:				
17.	Name of Doctor (or Coroner or Health Officer) Dr. Dean Thomson, M.D				
18.	AddressNebraska City, Nebraska 68410				
19.	Place of Burial or Removal Rose Hill Cemetery Date of Burial: 0720/2010				
20.	Undertaker Hackett-Livingston Funeral Home Address 208 W. Clarinda Avenue, Shenandoah, Iowa 51601				

				Date of Death 07/17/2010	NameHarold Hansen Burial Date07/20/2010	BURIAL REPORT CITY CLERK	
NOTE: Eac each lot, beginn blanks will then identify grave. Descriptio	ch small square represents a sing with Lot No. 1, and use a sibe taken to the cemetery and	ese sheets to be used on the	Record of Prever a grounds to secure data which will be convenience each tenth foot is included a convenience each tenth foot is included a can be done in the office from the line lots, of the names of those buries and the convenience of the	be copied permanently in Cem	a record of previous burianther data as to ownership A number corresponding to	95 2010 Dimensions	Ft.
Remarks:	Orema	tion		Grave No. 1 2 Grave No. 1 Aut 2 Grave No. 1 Aut 2 Grave No. 1 Aut 2 Autor 5 Mentor 5 Mentor 8 Rayning	Price, \$ 20 FULL NAME OF P OR ATA A GRAPA INCh f L to ed A A	ECEASED Thine Tom No ge of g	REMARKS

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

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