BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7/46

1.	Place of Death Page (County)	Sh_enandoah (Township, Village or City)	Elm Heights Care Facility (Hospital)
2.	Full name Clarence Milton Hiser		
3.	SexMale	4. Color or Race White	
5.	Single, Married, Widowed or Divorced Marri Date of Birth	.ed	
6.	Date of Birth	, 19 7. Age92Years	4Months28Days
8.	Occupation Retired Farmer		
9.	Birthplace (State or Country) Essex (Pa	ige) Iowa	
10.	Name of Father John W. Hiser		
11.	Birthplace of Father (State or Country)		
12.	Maiden Name of Mother Anna L. Martin	l	
13.	Birthplace of Mother (State or Country)		
14.	Informant Geneva Hiser	15. Address 506	Evergreen, Shenandoah, IA
16.	Date of Death Dec. 19, 2001	, 19	
17.			
	Name of Doctor (or Coroner or Health Officer)	Dr. Floyd Jones	
	Address Shenandoah, IA		
19.	Place of Burial or Removal Rose Hill Cem	netery Date of Burial	Dec. 21, 19 2001
20.	Undertaker William D. Selby		

Filed 12-21-01	Name Clarence 1	BURIAL RE
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BUrial date Dec. 21,2001

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