BURIAL REPORT

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

Burial or Permit No. **8095**

1. Place of Death_____ Tampa, FL _____ unknown _____
    (County)   (Township or City)   (Facility)

2. Name: _____ Samuel O. Spears .

3. Sex: _____ male _____ 4. Color or Race ____ white _____ .

5. Single, Married, Widowed or Divorced ____ married _____ .

6. Date of Birth_ 11/29/1947 _____ 7. Age _57_ Years _____ Months ____ Days

8. Occupation: ___architect___

9. Birthplace (State or County) ____ Shenandoah, IA _____ .

10. Name of Father _Dale Spears_
11. Birthplace of Father _____ .

12. Maiden Name of Mother: Isabelle McQueen_____

13. Birthplace of Mother _____ .

14. Informant _Isabelle Spearers_ 15. Address: Shenandoah, IA 51601_____ .

15.
16. Date of Death: _____ 07/9/2005 _____ .

17. Name of Doctor (or Coroner or Health Officer) ___unknown___ 18. Address_____

19. Place of Burial or Removal ____ Rose Hill Cemetery _____ 20. Date of Burial: _____ 10/4/2013 _____

21. Undertaker _____ Hackett Livingston Funeral Chapel _____ 22. Address_____ 208 W. Clarinda Avenue, Shenandoah, Iowa 51601 _____ .

BURIAL REPORT

No. __8095__

Name Samuel O. Spears

Burial Date ___10/4/2013___

Date of Death ___7/9/2005___

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.
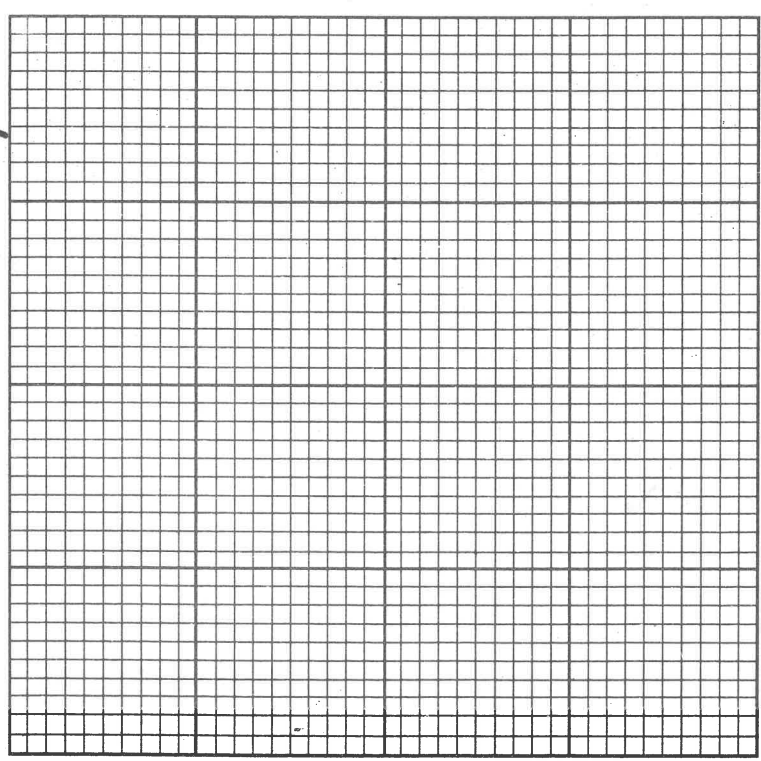
Description Owned __South View__ , Block __6 N 4' of E ½__ Lot No. __12__ , _____ Ft.
Addition, Sub-division or Section — *Part of Lot* — *Dimensions*

Name of Owner _____ Address _____ Date Sold _____

Remarks: __Cremation__ Price, $ __250.00__

	Grave No.	FULL NAME OF DECEASED	REMARKS
42	1	Samuel O. Spears	
	2		
	3	2' from North lot line of the	
	4	East half to center of grave.	
	5		
	6	2' from East lot line to	
	7	edge of grave.	
	8		
	9	Burial date Oct. 4, 2013	
	10		
	11	Hkt. & Livingston Ser.	
	12		

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