

# BURIAL REPORT

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

8349

Burial or Permit No. ....

1. Place of Death Montgomery Red Oak, Montgomery Co. Mem. Hospital  
(County) (Township or City) (Facility)
2. Name: Phyllis Jean Richardson
3. Sex: Female 4. Color or Race White
5. Single, Married, Widowed or Divorced Widowed
6. Date of Birth June 30, 1933 7. Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days
8. Occupation: Homemaker
9. Birthplace (State or County) Shenandoah, Iowa
10. Name of Father Carl Alfred Swanson
11. Birthplace of Father \_\_\_\_\_
12. Maiden Name of Mother Matilda May Butler
13. Birthplace of Mother \_\_\_\_\_
14. Informant Lynette Lakey 15. Address 5030 Hwy 123, Aldrich MO 65601
16. Date of Death: September 5, 2017

Name of Doctor (or Coroner or Health Officer) Dr. Michael J. Mahoney, MD  
Address 1400 Senate Ave, Red Oak, IA 51566

Place of Burial or Removal Rose Hill Cemetery Date of Burial: Sept. 13, 2017

19. Undertaker Nishna Valley F&C Address 405 W Thomas Ave, Shenandoah

\$ 250.00

## BURIAL REPORT

No. 8349

Name Phyllis J. Richardson

Burial Date Sept. 13, 2017

Date of Death Sept. 5, 2017

# 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.

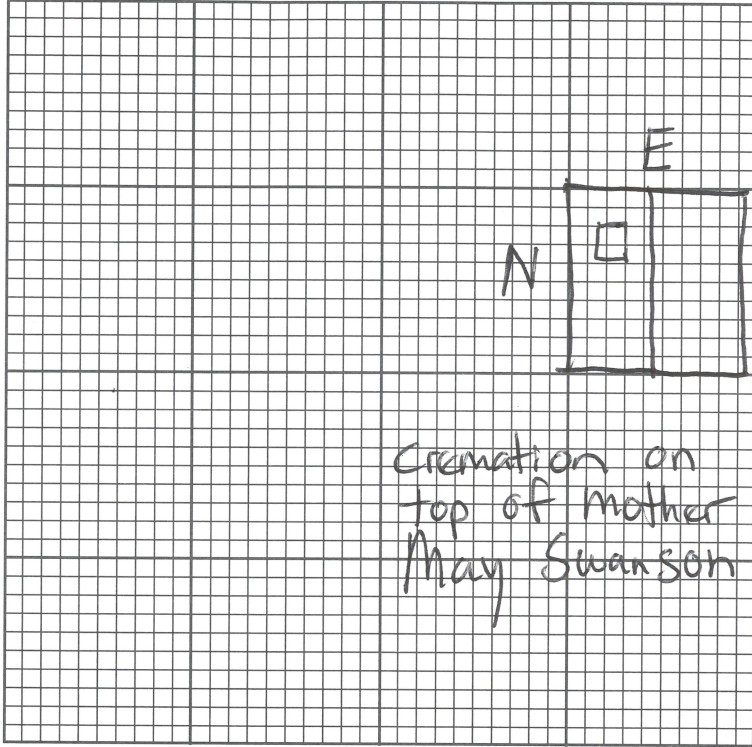
Description Owned 2nd Add., Block 38, 52 Part of Lot 36, \_\_\_\_\_ Ft.  
Addition, Sub-division or Section Dimensions

Name of Owner Swanson Address \_\_\_\_\_ Date Sold \_\_\_\_\_

Remarks: Cremation Price, \$ \_\_\_\_\_

016

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



| Grave No. | FULL NAME OF DECEASED | REMARKS |
|-----------|-----------------------|---------|
| 1         | Phyllis Richardson    |         |
| 2         | (Swanson)             |         |
| 3         |                       |         |
| 4         | 2'6" from E lot       |         |
| 5         | line to edge of grave |         |
| 6         |                       |         |
| 7         | 2' from N lot line    |         |
| 8         | to edge of grave      |         |
| 9         |                       |         |
| 10        |                       |         |
| 11        | Mishna                |         |
| 12        | 9/13/17               |         |