BURIAL REPORT

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

Burial or Permit No.

١.	Place of Death	Page	Shenandoah, Iowa	1103 W. Summit		
		(County)	(Township or City)	(Facility)		
2.	Name:Lydi	a Pearl Dukeshier				
3.	Sex: Female	4. Color or R	ace: White			
5.	Single, Married, Widowed or Divorced: Widowed					
5.	Date of Birth:	August 22, 1923	7. Age <u>91</u> Y	rears7Months25	Days	
3.	Occupation: Homemaker					
€.	Birthplace (State or County): Coin, Iowa					
10.	Name of Father: Roy E. Thomason					
11.	Birthplace of Father: unknown					
12.	Maiden Name of Mother: Vera M. Holmes					
13.	Birthplace of Mother:Unknown					
14.	Informant: Steve Dukeshier 15. Address 1103 W. Summit Shenandoah. IA 51601					
16.	5. Date of Death:Thursday, April 16, 2015 1:15 p.m.					
				6.		
17.	Name of Doctor (or Coroner or Health Officer): Dr. Satya Thippareddi M.D.					
	Address: 1 Jack Foster Dr. Shenandoah, Iowa 51601					
18.	Place of Burial or F	lace of Burial or Removal : Rose Hill Cemetery Date of Burial: Wednesday, April 22, 2015				
19.	Undertaker:	Kirsch Funeral Chapel	Address:	405 W. Thomas Ave. Shenande	oah, Iowa 51601	

Burial Date: Date of Death: **Burial Report** 04/16/2015 04/22/2015 Lydia Pearl Dukeshier

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** Date Sold Address Name of Owner Remarks: Price, \$ Grave REMARKS FULL NAME OF RECEASED No. INDICATE DIRECTION BY N. S. E. OR W.

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