BURIAL REPORT

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

Burial or Permit No.

1.	Place of Death	Douglas		
		(County)	(Township or City)	(Facility)
2.	Name: Roberta	a "Bobbie" Joan Rodriguez		
3.	Sex: Female		4. Color or I	Race White
5.	Single, Married,	Widowed or Divorced <u>Divorced</u>	ced	í
6.	Date of Birth_09	9/11/1942 7. Age <u>72</u>	YearsMonthsDay	s
8.	Occupation:	Laborer – Seed & Nursery_		
9.	Birthplace (State	or County) Omaha, NE	·	
10.	Name of Father _	French Harry Lewis		
11.	Birthplace of Fat	her		
12.	Maiden Name of	f Mother: <u>Maymic Ardela Sl</u>	nehan	
13.	Birthplace of Mo	other		
14.	Informant Terry	Rodriguez 15. Address:	105 E. Summit Ave., Shenan	doah, Iowa 51601
16.	Date of Death:_	03/02/2015		
17.	Name of Doctor	(or Coroner or Health Office	r)18. AddressOmaha,]	NE
19.	Place of Burial	or Removal Rose H	fill Cemetery	_ 20. Date of Burial: _03/06/2015
21.	Undertaker	Hackett Livingston Funeral	Home	
22.	Address 2	08 W. Clarinda Ave,	Shenandoah, Iowa 51601	

REMARKS

Date of Death 03/02/2015

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 foo	ot is indicated by a heavy	/ line. To make a record of p	previous burials, draw a diagram, with pencil, of	
and let beginning with Lot No. 1, and use a congrete cheet for each let. This can be done in the office f	from the plat and the own	er's name and other data as	s to ownership secured from deed record. Triese	
blanks will then be taken to the cemetery and a record will be made from the lots, of the names of tho	se buried and location of	f grave on lot. A number co	rresponding to name must be placed on plat to	
identify grave.		~ 11	$A \cap$	
V	and the same of th	/ /1	// \/	

Description Owned	ion, Sub-division or Section	W	, Block	Part of Lot No	Dimensions	Ft.
Name of Owner	A.	_ Address_		Date Sold	00	
Remarks: Chemo	lion			Price, \$	2500	
			Grave	EIII I NAME O	E DECEASED	D

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

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FULL NAME OF DECEASED