## BURIAL REPORT

## From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7518

1.	Place of Death Douglas (County) (To	Omaha, NE ownship, Village or City)	University of Nebraska Med Center (Hospital)			
2.	2. Full name John Henry Gowing					
3.	3. Sex_Male	4. Color or Racewhite				
5.	5. Single, Married, Widowed or Divorc Married					
6.						
8.	3. Occupation_Plumber					
9.	). Birthplace (State or Country) - Fremont County, Lowa					
10.	, , , , , , , , , , , , , , , , , , , ,					
11.						
12.	2. Maiden Name of Mother Annie Vern Mc Peek					
13.						
14.	I. Informant Eldora Gowing	15. Address507_5	ith Ave., Shenandoah, IA-51601			
16.	5. Date of Death August -17, 2006	, 19				
17.	7					
	Name of Doctor (or Coroner or Health Officer) Dr. Richard Osterholm, M. D.					
	Address_ Official, NE					
19.	Place of Burial or Removal Rose Hill Cemetery, Shenandoah, IA Date of Burial 08-21-2006 , 19					
20.	D. Undertaker Hackett-Livingston Funeral Home	AddressShenandoah	, Iowa_51601			

◆MATT PARROTT & SONS CO., WATERLOO, IOWA ‡E832

## Field Record of Previous Burials

FORM 35-7

These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.

These sheets to be used on the grounds to secure data which will be copied permanently in Cemerery Lor 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 lots. A number defreshed pending to name must be placed on plat to identify grave.

Description Owned.

Block

S4,0FE

Lot No. 6

Pt.

Descrip	lion	OTITE !	- 4
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Addition, Sub-division or Section

Dimensions

Name of Owner

Remarks:

Address

Date Sold

Price, \$

Grave No. 2 E. OR . . INDICATE DIRECTION BY 10

FULL NAME OF DECEASED REMARKS