BURIAL REPORT

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

Burial or Permit No	\mathcal{C}	1	1	\mathcal{G}	
Burial or Permit No	L)\	ب	U	

1.	Place of Death: Barro (County)	on Rice Lak (Township	e, Wisconsin	Lakeview Medical Center (Facility)		
2.	Name: Mary Virginia I	(
3.		4. Color or Race:				
5.		or Divorced: Widowe				
6.	Date of Birth:Nove	ember 21, 1921		*		
8.	Occupation: Regis	stered Nurse				
9.	Birthplace (State or County	y):Shenandoah, Iowa				
10.	Name of Father:	James M. Book				
11.		Unknown				
12.	Maiden Name of Mother: _	Grace Van Swearingen				
13.		Unknown				
14.	Informant: Joan	Bird5. Address:	2293 21st Street Rice Lake, V	WI 54868		
16.		ay, Jule 21, 2013 3:00 a.m.				
	Name of Doctor (or Corone	r or Health Officer): Mary A.	Ricci, M.D.			
	Address: 485 2	1 3/4 Ave Cumberland, WI 54829				
	Place of Burial or Removal:	Rose Hill Cemetery	Date of Burial:	Saturday, August 10, 2013		
19.	Undertaker: Kirsc	h Funeral Chapel	_Address:405 W	. Thomas Ave. Shenandoah, Iow	va 51601	

BU	BURIAL REPORT
	No. 8089
Name	Mary Virginia Lynn
Burial Date	08/10/2013
Date of Death 07/13/2013	07/13/2013

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.

	blanks will the identify grave.	n be taken to the	cemetery and a r	ecord will be ma	de from the lots,	of the names	of those buried	d and location of	grave on lot. A number corresponding to name mu	ust be placed on plat	to
		on Owned	Sou	ition, Sub-division	n or Section		, Block _		, N4' Lot No. 90 ,	F	₹t.
	Name of	Owner		4		Address_			Date Sold	\wedge	
	Remarks:	Or	emuli	on					Date Sold Price, \$ 200.	U	-
								Grave No.	FULL NAME OF DECEASE	ED O	REMARKS
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