BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7000

1.	Place of Death Polk Des Moines lowa-Lutheran Hospital (County) (Hospital)
2.	Full nameDarwood-Cullen-"Woody"-Henry
3.	Sex
5.	Single, Married, Widowed or DivorcedDivorced
6.	Date of Birth August 15,-1913
8.	OccupationAuto-Mechanic
9.	Birthplace (State or Country) Rock-Creek, Nebraska
10.	Name of FatherBaymond Herbert Henry
11.	Birthplace of Father (State or Country)
12.	Maiden Name of Mother Grace Agnes Burton
13.	Birthplace of Mother (State or Country)
14.	Informant Mildred M. Smith 15. Address 5625 N.E. 6th St., Des Moines, IA 50313
16.	Date of Death, 19
17.	
	Name of Doctor (or Coroner or Health Officer) Dr Janie Hendricks, -M.D
	Address1201 Pennslyvania-Ave., Des Moines, IA-50316
19.	Place of Burial or Removal Rose Hill Gemetery Date of Burial May 8, 2000, 19
20.	Undertaker

MATT PARRETT & SONS GO., WATERLOO, IOWA	‡E832
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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.

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 reduce must be place on plat to identify grave.

Pimensions

Ft.

Dimensions

Secon	de	UX	火	MH	A
Addition.					

Dimensions

Name of Owner.

Address

Part of Lot

Remarks:

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

concrete Var

Date Sold Price, \$2

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FULL NAME OF DECEASED REMARKS