

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 2122

1. Place of Death Page Shenandoah
(County) (Township, Village or City) (Hospital)
2. Full name Ruth Eleanor Reed
3. Sex Female 4. Color or Race White
5. Single, Married, Widowed or Divorced Single
6. Date of Birth July 15, 1920, 19 7 Age 81 Years 1 Months 22 Days
8. Occupation School Teacher
9. Birthplace (State or Country) Shenandoah, Iowa
10. Name of Father Fred E. Reed
11. Birthplace of Father (State or Country) _____
12. Maiden Name of Mother Emma Jewett
13. Birthplace of Mother (State or Country) _____
14. Informant Mary E. Reed 15. Address 904 South Elm Shenandoah, IA 51601
16. Date of Death September 6, 2001, 19 01
17. _____

- Name of Doctor (or Coroner or Health Officer) Jerry G. Schaaf, M.D.
 Address 1 Jack Foster Drive Shenandoah, IA 51601
19. Place of Burial or Removal Rose Hill Cemetery Date of Burial September 10, 2001, 19 01
20. Undertaker William D. Selby, F.D. Address 405 W. Thomas Ave P.O. Box 526
Shenandoah, IA 51601

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BURIAL REPORT

Name Ruth E. Reed No. 7122

Filed 9-10-01 19
Cremation

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.

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.

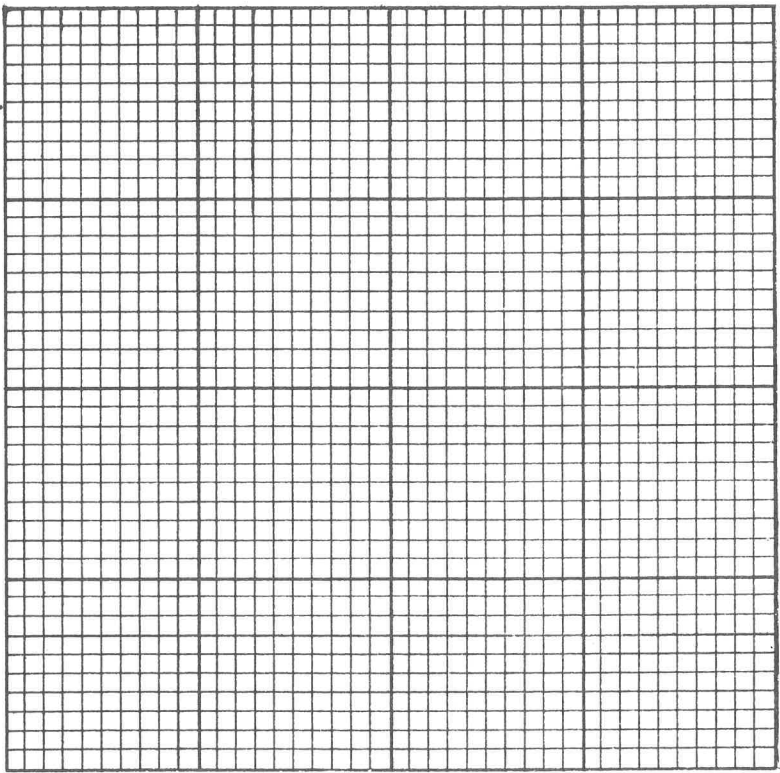
Description Owned Second Addition, Block 3 S&O F N's Lot No. 2 Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Cremation Price, \$ 175.00

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

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Grave No.	FULL NAME OF DECEASED	REMARKS
1	Ruth E. Reed	
2		
3	6' from the South lot line	
4	of the North half to Center	
5	of grave. PAID SEP 11 2001	
6		
7	2'6" from the West lot line	
8	to edge of grave.	
9		
10	Burial date Sept. 10, 2001	
11		
12	Selby Sev.	