

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 2266

1. Place of Death El Paso Colorado Springs, CO Pikes Peak Hospice
(County) (Township, Village or City) (Hospital)
2. Full name Sharon Kay Rasmussen
3. Sex Female 4. Color or Race White
5. Single, Married, Widowed or Divorced _____
6. Date of Birth 3/18/1945, 19____ 7. Age 58 Years 1 Months 3 Days
8. Occupation Bookkeeper
9. Birthplace (State or Country) Shenandoah, IA
10. Name of Father Joe King
11. Birthplace of Father (State or Country) _____
12. Maiden Name of Mother Meredith
13. Birthplace of Mother (State or Country) _____
14. Informant Wilber Rasmussen 15. Address _____
16. Date of Death 4/15/2003, 19____
17. _____
- Name of Doctor (or Coroner or Health Officer) Jonathan P. Weston, MD
 Address _____
19. Place of Burial or Removal Rose Hill Cemetery Shenandoah Date of Burial 4/23/2003, 19____
20. Undertaker Swan-Law Funeral Directors, INC. Address 501 N Cascade Ave
Colorado Springs, CO 80803

Cremation

BURIAL REPORT

No. *17266*

Name SHARON KAY RASMUSSEN

Filed APRIL 23, 2003 **KK**

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.

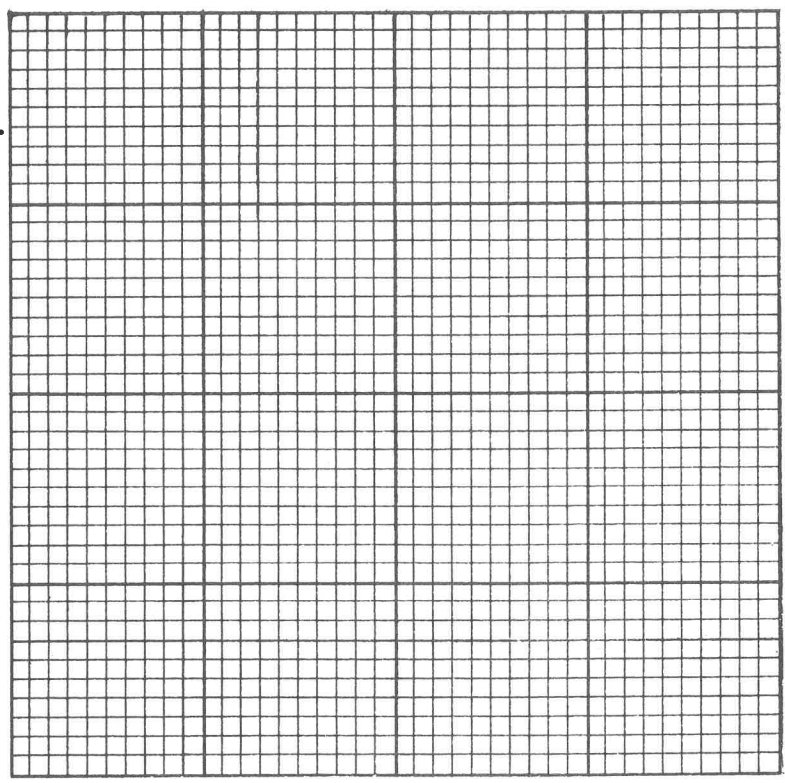
Description Owned Memorial Park, Block 4, S8'0"FN 1/2 Lot No. 21, _____ Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Cremation Price, \$ 175.⁰⁰

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



Grave No.	FULL NAME OF DECEASED	REMARKS
1	<i>Sharon K. Rasmussen</i>	
2		
3		<i>6' from South lot line of the</i>
4		<i>North half to center of grave.</i>
5		PAID APR 23 2003
6		<i>2'6" from West lot line to</i>
7		<i>edge of grave.</i>
8		
9		<i>Burial date April 23, 2003</i>
10		
11		<i>Family Sev.</i>
12		