BURIAL REPORT

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

Burial or Permit No. 7767 ©

۱.	Place of Death <u>Jackson</u> (County)	(Township or City) (Facility)		
2.	Name: Kathleen M. Thompson		_	
3.	Sex: Female	4. Color or Race White		
5.	Single, Married, Widowed or Divorced	Divorced		
5.	Date of Birth October 24, 1947	7. Age 60 Years 11 Months 25 Da	ıys	
3.	Occupation: Human Resources, banking		_	
€.	Birthplace (State or County) <u>Scottsbluff</u>	Nebraska		
10.	Name of Father Richard P. DeWeese	3		
11.	Birthplace of Father			
12.	Maiden Name of Mother Dororthy M. Felto	on		
13.	Birthplace of Mother			
14.	InformantWilliam M. Stone	15. Address1522 Kansas Avenue, Leavenworth, KS. 66048		
16.	Date of Death: September 29, 2008	-		
	ame of Doctor (or Coroner or Health Officer)Amy Clarkson, MD, Kansas City Hospice House			
	Address	dress12000 Wornall Road, Kansas City, Missouri, 64145		
	Place of Burial or Removal Rose Hill Ce	metery Date of Burial: May 15, 2009		
19.	UndertakerDavis Funeral Chapel, Inc	Address 531 Shawnee Street, Leavenworth, KS. 66048		

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Name Kathleen M. Thompson

No. 77 CLER

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No make a record of provious burners, draw a diagram, with pencil, of ame and other data as to ownership sequred from deed record. These re on lot. A number corresponding to name must be placed on plat to

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. I each lot, beginning with Lot No. 1, and use a separate sheet for each lot, blanks will then be taken to the cemetery and a record will be made fro identify grave. r convenience each tenth foot is indicated by a heavy line. To make a record of previous lis can be done in the office from the plat and the owner's name and other data as so owner the data, of the firmes of those buried and location of grave on lot. A number correspond Dimensions Ft. Description Owned Block Name of Owner Address Price, \$ Remarks: Grave L NAME OF DECEASED REMARKS No. INDICATE DIRECTION BY N. S. E. OR W. **ERROR CORRECTION: LOT 41** VERIFIED S.GIBILISCO 10 11 12