## BURIAL REPORT

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

Burial or Permit No. 793 /

1.	Place of Death_	Douglas	Omaha, Nebraska	Hidden I	Hills Health & Rehab C	enter	
	/	(County)	(Township or City)		(Facility)		
2.	Name:	Irene Maxine	Hankins				
3.	Sex:	Female	4. Color or Race:	White	*		
5.	Single, Married,	Widowed or Divorced	Widowed				
6.	Date of Birth	May 7, 1924	7. Age	<u>87</u> Years _	3Months _	8	_Days
8.	Occupation:	Unknown					
9.	Birthplace (State	or County)C	arinda, Iowa				
10.	Name of Father _	John Dailey					
11.	Birthplace of Fat	her	1				
12.	Maiden Name of	Mother Clara Sleeth	L				
13.	Birthplace of Mo	other		85			
			15. Address				
16.	Date of Death: _	August 15, 2011					
17.	Name of Doctor	(or Coroner or Health Officer)	Brian Fiedler, D.O, Physic	cian			
18.	Address		4200 Douglas Avenue, O	maha, NE. 68131	•		
19.	Place of Burial of	or RemovalRose Hill Cemeter	ry 20. Date	e of Burial:	August 20, 2011		
21.	Undertaker	Westlawn-Hillcrest Crematory	22. Address	5701 Center Street	t, Omaha, Ne. 68106		

Hankins 08/20/2011 08/15/2011
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## Field Record of Previous Burials

PAID

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 blanks will then be taken to the cemetery and a report 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

Description Owned

Addition, Sub-division or Section

Address

Remarks:

Address

Remarks

12

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

Lene M. Hankins

2

Exom North let line to

Center of grave.

5

26 from West lot line

To edge af grave.

8

Burial date August 292011

10

11 Family Sev.