

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

Burial or Permit No. 8218

1. Place of Death Douglas Omaha, NE Creighton Hospital
(County) (Township or City) (Facility)
2. Name: Harold Roller
3. Sex: Male 4. Color or Race White
5. Single, Married, Widowed or Divorced: Single
6. Date of Birth 09/25/1925 7. Age 82 Years ___ Months ___ Days
8. Occupation: _____
9. Birthplace (State or County) Cedar Cap, Missouri
10. Name of Father Ercel Roller
11. Birthplace of Father _____
12. Maiden Name of Mother: Grace Spain
13. Birthplace of Mother _____
14. Informant Nola Roller 15. Address: _____
16. Date of Death: 08/30/2007
17. Name of Doctor (or Coroner or Health Officer) Dr. Erica Cichowski 18. Address Omaha, NE
19. Place of Burial or Removal Rose Hill Cemetery 20. Date of Burial: 07/6/2015
21. Undertaker Autumn Hill Cremation Services
22. Address 2819 S. 125th Ave. Suite 368 Omaha, NE 68144

Prepaid
Check to
Over 4/17/15

BURIAL REPORT

No. 8218

Name: Harold Roller

Burial Date 07/06/2015

Date of Death 08/30/2007

Field Record of Previous Burials

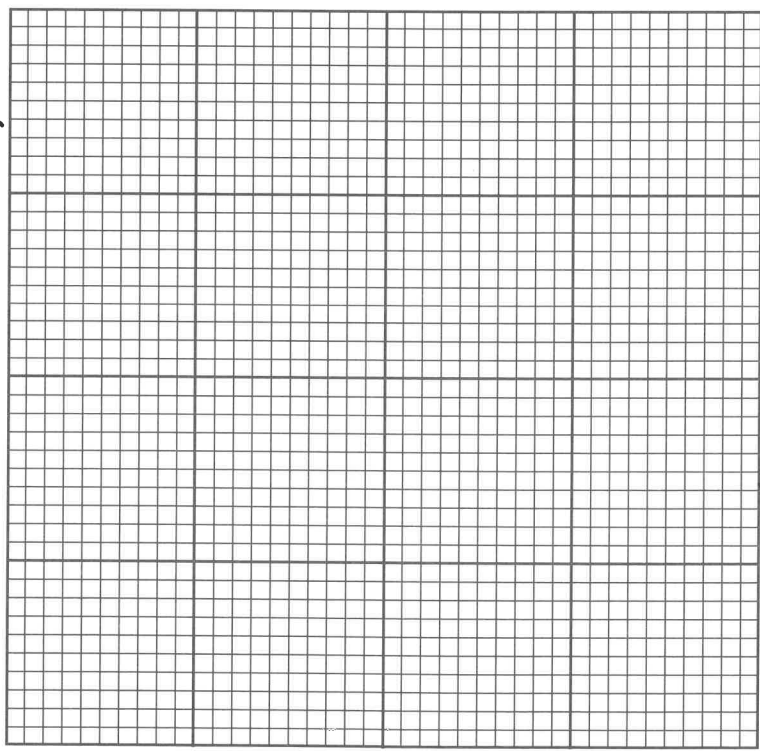
These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.

NOTE: Each small square represents a square foot of lot surface. 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 16 S8'0FW 1/2 Part of Lot 14 , _____ Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Cremation Price, \$ 250.00



Grave No.	FULL NAME OF DECEASED	REMARKS
1	Gerald L. Roller	
2		8' from South lot line of the West half to Center of grave.
3		3' from West lot line to edge of grave.
4		Burial date July 6, 2015
5		
6		
7		
8		
9		
10		
11		Family Service
12		

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