## BURIAL REPORT

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

Burial or Permit No. 7492

1.	Place of DeathPage_					Elm H	eights	
_	(County)	(Township	or City)			(Faci	lity)	
2.	Name Elmer L. Clipston							
3.	Sex Male 4.	Color or Ra	ace_Wh	ite				
5.	Single, Married, Widowed or Divorced Widowe							
6.	Date of Birth_04/24/1910						22	
8.	Occupation <u>Custodian</u>							
9.	Birthplace (State or County)Shenandoah, IA							
10.	Name of Father Joseph Clipston		•					1
11.								
12.	Maiden Name of Mother <u>Delpha Stiit</u>		1					
13.	Birthplace of Mother							
14.	Informant		1:	5. Address				
16.	Date of Death02/16/2006							
17.		477		- Acetalism		-	*	
	Name of Doctor (or Coroner or Health Officer)							
	Address							
18.	Place of Burial or Removal Rose Hill Cemetery Ron DeMarce						02/21/2006	
19.		_Address_	509 N S	ixth ST Red C	Oak, IA :	51566	712-623-2796	<u> </u>

MATT PARROTT & SONS CO., WATERLOO, IOWA \$E832

## Field Record of Previous Burials

FORM 35-7

REMARKS

These, sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record. No.(E: 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, 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 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 carrisponding to name must be placed on plat to identify grave.

Description Owned

Descriptio

Description Owned

Addition, Sub-division or Section

Name of Owner

Address

Date Sold

Remarks:

Price, \$350.

Grave No. FULL NAME OF DECEASE
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11 Sellergren-Tindell
12 P 2 P 1

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