BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7000

1.	Place of DeathPage	Shenandoah, lowa (Township, Village or City)	Shenandoah Memorial Hospital (Hospital)			
2.	Full nameDel.NMcMannama					
3.	. SexFemale	4. Color or Race	White			
5.	Single, Married, Widowed or DivorcedWid	owed				
6.	Date of Birth July 1, 1912	, 19 7. Age 87	Years10Months25	Days		
8.						
9.						
10.	Name of FatherAlbert Nordholm			-		
11.						
12.	Maiden Name of MotherMildred_Asher					
13.						
14.						
16.						
17.						
	Name of Doctor (or Coroner or Health Officer)Dr. J.G. Schaaf, M.D.					
	Address1 Jack-Foster-Dr., Shenandoah, IA 51601					
19.	Place of Burial or Removal Rose Hill Ceme	teryDate of	of Burial	, 19		
20.		l HomeAddress	Shenandoah, lowa 51601			

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Filed:	Name_[BURI
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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 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 mame must be place on plat to identify grave.

Description Owned

Addition Sthelicition or Section.

Part of lot.

Description

Description Owned

Addition, Sub-division or Section

Part of Lot

REMARKS

Dimensions

Name of Owner

concrete 1/a

Address

Date Sold

Price, \$2 Remarks: Grave FULL NAME OF DECEASED No. 1 2 INDICATE DIRECTION BY May 39,2000 ingston Sev. 11

0 N. S. E.