BURIAL REPORT

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

Burial or Permit No. 8411 ©

1.	Place of Death		New Castle, IN	Henry Community Health
		(County)	(Township or City)	(Facility)
2.	Name: Ruth Elisabe	eth McCraine		
3.	Sex: <u>female</u>		4. Color or Race W	hite
5.	Single, Married, Wi	idowed or Divorce	d: widowed	,
6.	Date of Birth 4/1/19	918 7. Age _1	100 Years _Months _Days	
8.	Occupation: Teacher	<u>r_</u>		
9.	Birthplace (State or	County) Washin	gton D.C	
10.	Name of Father: Edv	win Pflueger		
11.	Birthplace of Father	r		
12.	Maiden Name of M	other: Helen Ada S	Schuh	
13.	Birthplace of Mothe	er		
14.	Informant Alan Mc	Craine 15. Addre	ess: 1441 W County Rd 100 Sout	h; New Castle, IN 47362
16.	Date of Death: 4/2	2/2018		
17.	Name of Doctor (or	Coroner or Healtl	h Officer) Dr. Rosenfeld 18. Ad	dress New Castle, IN
19.	Place of Burial or I	Removal	Rose Hill Cemetery	20. Date of Burial: <u>7/ 2 /2018</u>
21.	UndertakerH	lackett Livingston	Funeral Home	
22.	Address 208	W Clarinda Ave	Shenandoah Iowa 51601	

Date of Death <u>4/2/2018</u> Burial Date: _7/2/2018

Name: Ruth Elisabeth McCraine

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	Addition, Sub-division or Section	, Block	, $\frac{N_2}{Part of Lot}$ Lot No. $\frac{1}{2}$,	Dimensions F1
Name of Owner _	McCraire	Address	Date Sold	Dimensions
Remarks:	CEChnation		Price \$	

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

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Grave No.	FULL NAME OF DECEASED	REMARKS
1	Ruth McCrain	~
2	·	
3	2' from W lot 1:	NE
4	2 from W lot 1:	ue;
5	J	
6	2' from Not	line
7	In W's to center	- of
8	grave	
9	1	
10	Hackett	
11		
12	7/2/18	
	Model Drinting Co. (74)	2) 040 0454