

# BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 2210

1. Place of Death Page Clarinda Clarinda Regional Health Center  
(County) (Township, Village or City) (Hospital)
2. Full name Georgia May Veach
3. Sex Female 4. Color or Race White
5. Single, Married, Widowed or Divorced Widowed
6. Date of Birth July 24, 1934 7. Age 68 Years 2 Months 16 Days
8. Occupation LPN Health Care
9. Birthplace (State or Country) Atlantic, Iowa
10. Name of Father Joseph Emmet Linfor
11. Birthplace of Father (State or Country) \_\_\_\_\_
12. Maiden Name of Mother Mary Frink
13. Birthplace of Mother (State or Country) \_\_\_\_\_
14. Informant John Veach 15. Address 223 North 18th Clarinda, IA
16. Date of Death October 10, 2002, ~~19~~
17. \_\_\_\_\_
- Name of Doctor (or Coroner or Health Officer) Wm Shelton, MD  
Address Clarinda, Iowa
19. Place of Burial or Removal Rose Hill Cemetery Shen Date of Burial October 14, 2002, ~~19~~
20. Undertaker Randall Schulz Walker-Merrick Address 422 E Washington Clarinda, IA

# BURIAL REPORT

No. 1210

Name Georgia M Veach

Filed 10-14-02

◆ MATT PARROTT & SONS CO., WATERLOO, IOWA 52240

## Field Record of Previous Burials

FORM 35-7

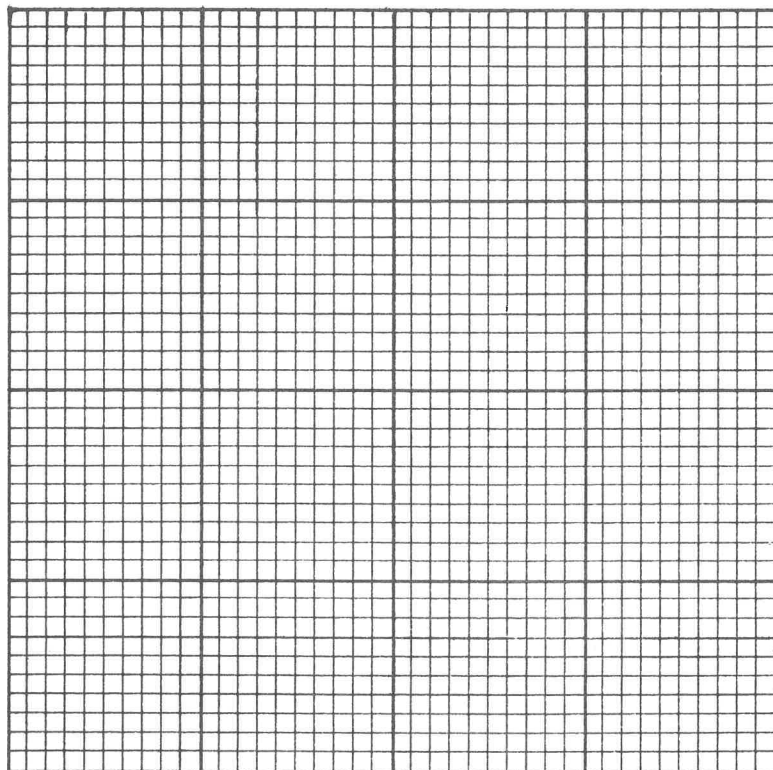
These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.

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'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 South View, Block 1, N40°W 1/2 Part of Lot No. 78, \_\_\_\_\_ Ft.  
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner \_\_\_\_\_ Address \_\_\_\_\_ Date Sold \_\_\_\_\_

Remarks: concrete Vault Price, \$ 300.00



Grave No.	FULL NAME OF DECEASED	REMARKS
1	<u>Georgia M. Veach</u>	
2		
3		<u>2' from the North lot line</u>
4		<u>of the West half to center</u>
5		<u>of grave.</u>
6		<u>PAID OCT 16 2002</u>
7		<u>2' from the West lot line</u>
8		<u>to edge of grave.</u>
9		
10		<u>Burial date Oct. 14, 2002</u>
11		
12	<u>Walker's Merrick Sev.</u>	<u>Clarinda, Ia.</u>

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

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