

# BURIAL REPORT

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

Burial or Permit No. 8131

1. Place of Death Benton Bella Vista, Arkansas Elm Heights Care Center  
(County) (Township or City) (Facility)
2. Name: Pauline Gowling
3. Sex: Female 4. Color or Race: White
5. Single, Married, Widowed or Divorced: Widowed
6. Date of Birth: August 31, 1931 7. Age 82 Years 5 Months 1 Days
8. Occupation: Homemaker
9. Birthplace (State or County): Shenandoah, Iowa
10. Name of Father: Paul Andrew Youngmark
11. Birthplace of Father: unknown
12. Maiden Name of Mother: Charlene Catherine Atkins
13. Birthplace of Mother: Unknown
14. Informant: Julie Hayes 15. Address Bella Vista, Arkansas
16. Date of Death: January 18, 2014
17. Name of Doctor (or Coroner or Health Officer): Unknown  
Address: Bella Vista, Arkansas
18. Place of Burial or Removal: Rose Hill Cemetery Date of Burial: Saturday, March 8, 2014
19. Undertaker: Kirsch Funeral Chapel Address: 405 W. Thomas Ave. Shenandoah, Iowa 51601

# BURIAL REPORT

No. 8131

Name NAOMI PAULINE GOWING

Burial Date 03/08/2014

Date of Death 01/18/2014

## Field Record of Previous Burials

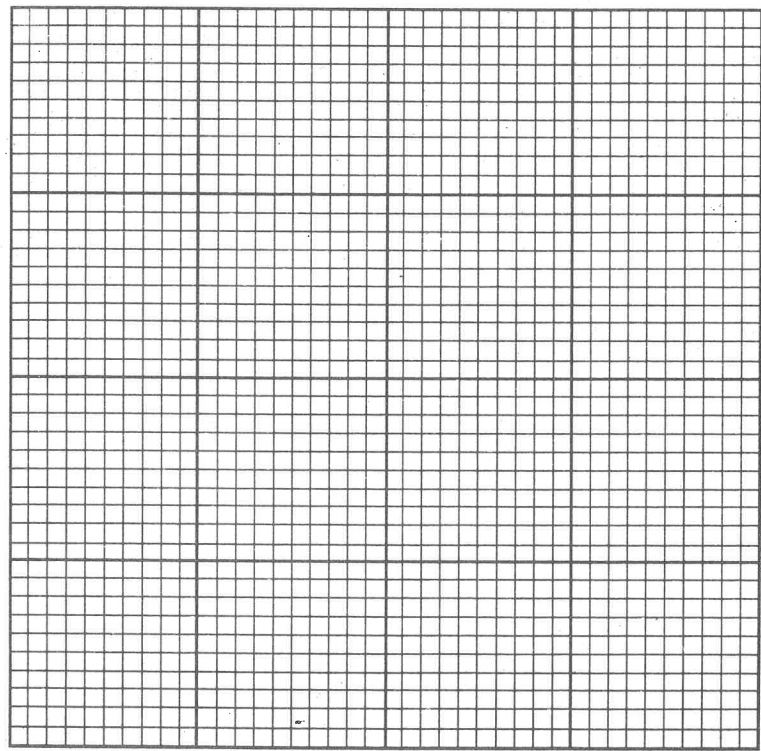
*These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.*

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 South View, Block 1 S4'0FW 1/2 Lot No. 65, \_\_\_\_\_ Ft.  
Addition, Sub-division or Section Part of Lot Dimensions

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

Remarks: Cremation Price, \$ 250.<sup>00</sup>



Grave No.	FULL NAME OF DECEASED	REMARKS
1	Pauline N. Gowing	
2		2' from South lot line of the West half to Center of grave.
5		2' from West lot line to edge of grave.
6		
8		
9		Burial date March 8, 2014
10		
11		Kirsch Sev.
12		

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