BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7713

1.	Place of DeathAtchison (County)	Rock Port, Missouri (Township, Village or City)	Pleasant	t View Nursing Home (Hospital)
2.	Full name Genevieve LeFever Davey			
3.	Sex female	4. Color or Race	White	
5.	Single, Married, Widowed or Divorced Vidowe	ed		
6.	Date of BirthFeb 25, 1919	, 19 7. Age. 89	YearsN	MonthsDays
8.	OccupationCook			
9.	Birthplace (State or Country Keytesville, MC			
10.	Name of Fathe Ralph Wright	*		
11.	Birthplace of Father (State or Country)			
12.	Maiden Name of MotherThelma Hulterman			
13.	Birthplace of Mother (State or Country)			
14.	Informanterry LeFever	15.	Address 116 Manor Circle	Rock Port, MO
16.	Date of Death November 24, 2008			
17.				
Name of Doctor (or Coroner or Health Officer) Dr. Richard Burke				
	Address Rock Port, MO			
19.	Place of Burial or RemovaRose Hill Cemeter	y, Shenandoah, IA	Pate of Buria Pecember 1, 2	008 19
20.	Undertaker Hackett-Livingston Funeral Hom	e Addres	Shenandoah, Iowa 51601	

Date of Death_	Burial Date	Name Geneviev	BURIAI
11/24/2008	12/01/2008	Name Genevieve M. LeFever Davey	BURIAL REPORT CLERK

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. OFE/2 Lot No. Description Owned Name of Owner Address Date Sold Remarks: Price, \$ Grave FULL NAME OF DECEASED REMARKS No. 2 INDICATE DIRECTION BY N. S. E. OR W.