BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7547

1.	Place of Death Page (County)	Shenandoah (Township, Village or City)	Garden View Care Center (Hospital)
2.	Full name Arthur David Larson	ť	(поэрна)
3.	Sex-Male	•	white
5.			
6.			Years_4Days
8.	Occupation Groceryman		
9.	Birthplace (State or Country) Carrington, ND -	· · · · · · · · · · · · · · · · · · ·	
10.	Name of Father David Larson		
11.	Birthplace of Father (State or Country)		
12.	Maiden Name of MotherAlice Johnson		
13.	Birthplace of Mother (State or Country)		
14.	Informant Patti Sue Larson	15. Ac	ldress1209 Johnson Dr, Shenandoah, IA 51601
16.	Date of Death December 4, 2006	, 19	*
17.	December 4, 2006		
	Name of Doctor (or Coroner or Health Officer)	Dr: Douglas Weddle: M.	D:
	Address Shenandoah, Iowa		
19.	Place of Burial or Removal-Rose Hill-Cemetery, Shenandoah, IA Date of Burial 12-07-2006		
20.			
			ATTOTION TO THE STOOT

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

Pt.

Addition, Sub-division or Section

Part of Lot

Dimensions

Name of Owner

Remarks:

Address

Date Sold

Price, \$350°

Grave No. FULL NAME OF DECEASED REMARKS 10

Š INDICATE DIRECTION BY N. S. E. OR