BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

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Burial or	Permit	No	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	<u> </u>

1	Place of Death Atchison		North View Manor
1. Place o	(County)	(Township, Village or City)	(Hospital)
2.	Full name Aileen Mildred Mace		
3.	Sex_Female	4. Color or Race	te
5.	Single, Married, Widowed or Divorc Widowed		
6.	Date of BirthMarch 21,	, 19 22 7. Age 84	Years_3Days
8.			
9.	Birthplace (State or Country) Riverton, Iowa		
10.	Name of Father Rueben Richie		
11.	Birthplace of Father (State or Country)		
12.	Maiden Name of Mother willing Work		
13.	Rirthplace of Mother (State or Country)	¥ .	
14.	Informant Sharon Grebe	15. Addre	1004 Sycamore, Tarkio, MO 64491
16.	Date of Death_June 24, 2006		
17.			
	Name of Doctor (or Coroner or Health Officer)	Dr. Aaron Burke, MD	
	Address		
19.	Place of Burial or Removal Rose Hill Cemeter	y, Shenandoah, IA Date of	Burial 06-26-2006 , 19
20.	Undertaker Hackett-Livingston Funeral Hon	ne Address She	nandoah, Iowa 51601

REMARKS

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 repord. 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.

On the province of the name of those buried and location of grave on lot.

Description Owned

or Section

Lot No.

Dimensions

Name of Owner

Remarks:

Address

Date Sold Price, \$

Grave No. 2 5 8 10

INDICATE DIRECTION BY N. S. E. OR