

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

Burial or Permit No. 7846

1. Place of Death Douglas Omaha, NE. Nebraska Medical Center-Clarkson  
(County) (Township or City) (Facility)
2. Name: John Richard Shenkle
3. Sex: Male 4. Color or Race White
5. Single, Married, Widowed or Divorced Widowed
6. Date of Birth 04/09/1930 7. Age 80 Years 7 Months 19 Days
8. Occupation: Mechanic/Self Employed
9. Birthplace (State or County) Colo. Iowa
10. Name of Father William Shenkle
11. Birthplace of Father \_\_\_\_\_
12. Maiden Name of Mother Orva Beals
13. Birthplace of Mother \_\_\_\_\_
14. Informant Debra Shenkle 15. Address 302 E. Washington Avenue, Shenandoah, Iowa 51601
16. Date of Death: 07/23/2010
17. Name of Doctor (or Coroner or Health Officer) Dr. Douglas Weddle, M.D
18. Address 1 Jack Foster Drive, Shenandoah, Iowa 51601
19. Place of Burial or Removal Rose Hill Cemetery Date of Burial: 07/30/2010
20. Undertaker Good Shepherd Funeral Home Address 4425 S. 24<sup>th</sup> Street, Omaha, Nebraska

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JUL 30 2010

BURIAL REPORT  
CITY CLERK

No. 75116

Name John R. Shenkle

Burial Date 07/30/2010

Date of Death 07/23/2010

### 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 2 W40FS 1/2 Lot No. 59, \_\_\_\_\_ Ft.  
Addition, Sub-division of Section Part of Lot Dimensions

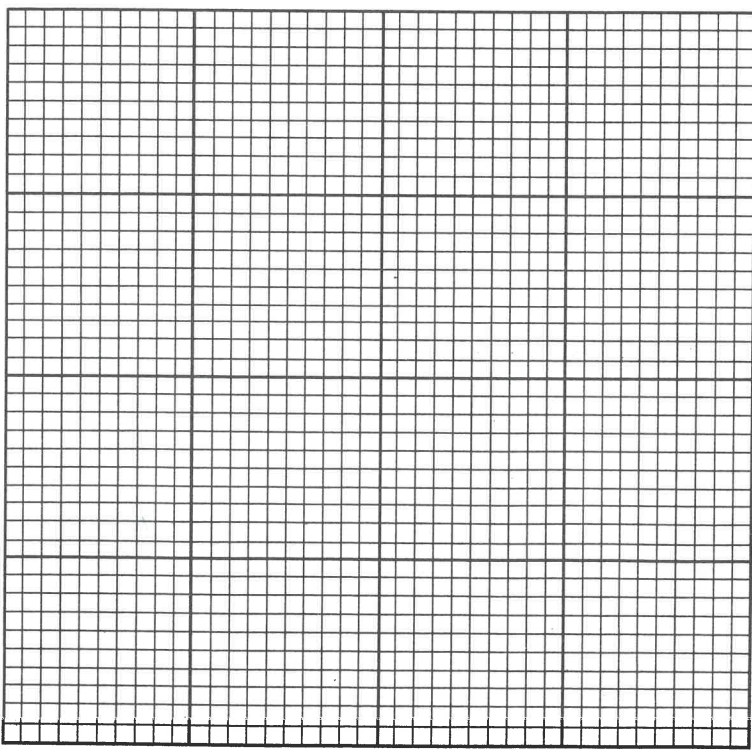
Name of Owner \_\_\_\_\_ Address \_\_\_\_\_ Date Sold \_\_\_\_\_

Remarks: Cremation Urn Vault Price, \$ 200.<sup>00</sup>

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CITY CLERK

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



Grave No.	FULL NAME OF DECEASED	REMARKS
1	John R. Shenkle	
2		
3		2' from West lot line of the
4		South half to center of grave.
5		
6		5' from South lot line to
7		edge of grave.
8		
9		Burial date July 30, 2010
10		
11		Family Sev.
12		