BURIAL REPORT

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

Burial or Permit No. 8400

1.	Place of Death			Elm Heights Care Center		
		(County)	(Township or City)	(Facility)		
2.	Name: Mable Maxi	ne Bartles				
3.	Sex: female		4. Color or Race White			
5.	Single, Married, Wi	dowed or divo	rced: widowed			
6.	Date of Birth 05/14/1929 7. Age 90 Years Months Days					
8.	Occupation: Farmer_					
9.	Birthplace (State or	County)	Fremont CO, IA			
10.	0. Name of Father: _Roy Smith					
11.	Birthplace of Father	·				
12.	Maiden Name of Mother: Leta McMurtry					
13.	Birthplace of Mother					
14.	. Informant; Maxine Hamilton 15.Address: 211 3 rd St; Coin, IA 51636					
16.	Date of Death: _05	/18/2019				
17.	Name of Doctor (or	Coroner or He	ealth Officer) Dr. Smith 18. Addres	ss; Shenandoah, IA		
19.	Place of Burial or F	Removal	Rose Hill Cemetery	20. Date of Burial: <u>05/22/2019</u>		
21.	Undertaker H	ackett Livings	ton Funeral Home			
22.	Address 208	W. Clarinda A	ve, Shenandoah, Iowa 51601	•		

Burial Date: <u>_5/22/2019</u>

Date of Death <u>05/18/2019</u>

Name: Mable Maxine Bartles

BURIAL REPORT

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. Anumber corresponding to name must be placed on plat to identify grave.

identify grave.	11.00	- N	1		411	/ 1		
Description Owned	Addition, Sub-division of	Section ,	Block	<u> </u>	Part of Lot	: No. <u>()</u>	, Dimensions	Ft.
Name of Owner	+/65	Address _			Date So	old	Dimensions	_
Remarks:	rate V	law It			Pric	ce, \$		
				Grave No.	FULL N	AME OF DECEAS	ED	REMARKS
					No 1	1 1	11	

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

1	Makel Burtles
2	// (v pe pe
3	2 from Not
4	line to adge of grave
5	The second
6	2' from Elotling
7	in No to center of
8	grave.
9	
10	
11	Hackett
12	5/22/19
	2 3 4 5 6 7 8 9 10

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