

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7178

1. Place of Death Page Shenandoah Shenandoah Memorial Hospital
(County) (Township, Village or City) (Hospital)
2. Full name John Rex Castle
3. Sex Male 4. Color or Race White
5. Single, Married, Widowed or Divorced Married
6. Date of Birth August 5, 1915, 19 5 7. Age 86 Years 9 Months 11 Days
8. Occupation Farmer/Agriculture
9. Birthplace (State or Country) Shenandoah, Iowa
10. Name of Father John Henry Castle
11. Birthplace of Father (State or Country) _____
12. Maiden Name of Mother Alice Aldrich
13. Birthplace of Mother (State or Country) _____
14. Informant Alma Castle 15. Address 309 W. Valley Shenandoah, IA 51601
16. Date of Death May 16, 2002, 19 02
17. _____
- Name of Doctor (or Coroner or Health Officer) Floyd A. Jones, D.O.
- Address 1 Jack Foster Drive Shenandoah, Iowa 51601
19. Place of Burial or Removal Rose Hill Date of Burial May 20, 2002 19 02
20. Undertaker William D. Selby, F.D. Address 405 W. Thomas Ave., P.O. Box 526
Shenandoah, Iowa 51601

BURIAL REPORT

No. 7178

Name John "Rex" Castle

Filed May 22, 2002 19

MATT PARROTT & SONS CO., WATERLOO, IOWA §E832

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.

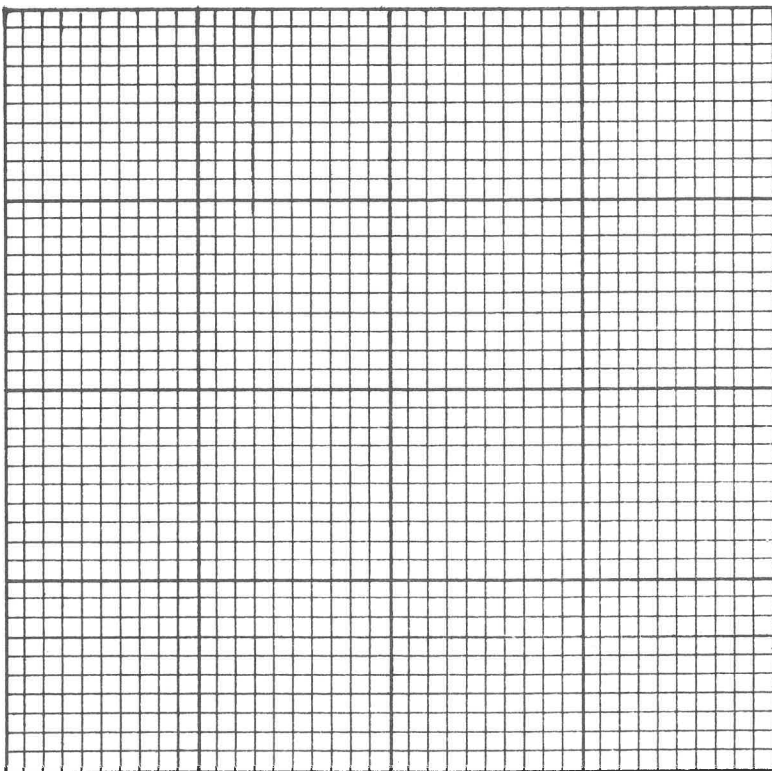
NOTE: Each small square represents a square foot of lot surface. For convenience each tenth foot is indicated by a heavy line. To make a record of previous burials, draw a diagram, with pencil, of each lot, beginning with Lot No. 1, and use a separate sheet for each lot. This can be done in the office 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 South View, Block 2 W40FN 1/2 Lot No. 63 Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Concrete Vault \$200.00 1 GRAVE SPACE \$250.00 Price, \$ 550.00

INDICATE DIRECTION BY N. S. E. OR W. B1



| Grave No. | FULL NAME OF DECEASED | REMARKS |
|-----------|-----------------------------|---------------------------|
| 1 | John Rex Castle | |
| 2 | | |
| 3 | 2' from the West lot line | |
| 4 | of the North half to center | |
| 5 | of grave. | PAID MAY 20 2002 106 only |
| 6 | | |
| 7 | 2' from the North lot line | |
| 8 | to edge of grave. | PAID MAY 22 2002 o/c |
| 9 | | |
| 10 | Burial date May 20, 2002 | |
| 11 | | |
| 12 | Selby Sev. | |