

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 2426

1. Place of Death Page Shenandoah, IA Shenandoah Medical Center
 (County) (Township, Village or City) (Hospital)
2. Full name Vivian Kathaleen Erickson
3. Sex Female 4. Color or Race white
5. Single, Married, Widowed or Divorced Widowed
6. Date of Birth June 14, 1918 7. Age 86 Years 9 Months 29 Days
8. Occupation Sales Associate
9. Birthplace (State or Country) Retail Department Store
10. Name of Father Ira Bennett
11. Birthplace of Father (State or Country) _____
12. Maiden Name of Mother Mable Sanderson
13. Birthplace of Mother (State or Country) _____
14. Informant Tom Erickson 15. Address 1327 280th St., Coin, IA 51636
16. Date of Death April 12, 2005, 19
17. _____

- Name of Doctor (or Coroner or Health Officer) Dr. Don Bumgarner, M.D.
 Address Shenandoah, IA
19. Place of Burial or Removal Rose Hill Cemetery, Shenandoah, IA Date of Burial 4-16-2005, 19
20. Undertaker Hackett-Livingston Funeral Home Address Shenandoah, Iowa 51601

350.00
4-12-05

BURIAL REPORT

No. 74316

Name Vivian Erikson

Filed 4-16-05 19

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

Field Record of Previous Burials

FORM 35-7

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.

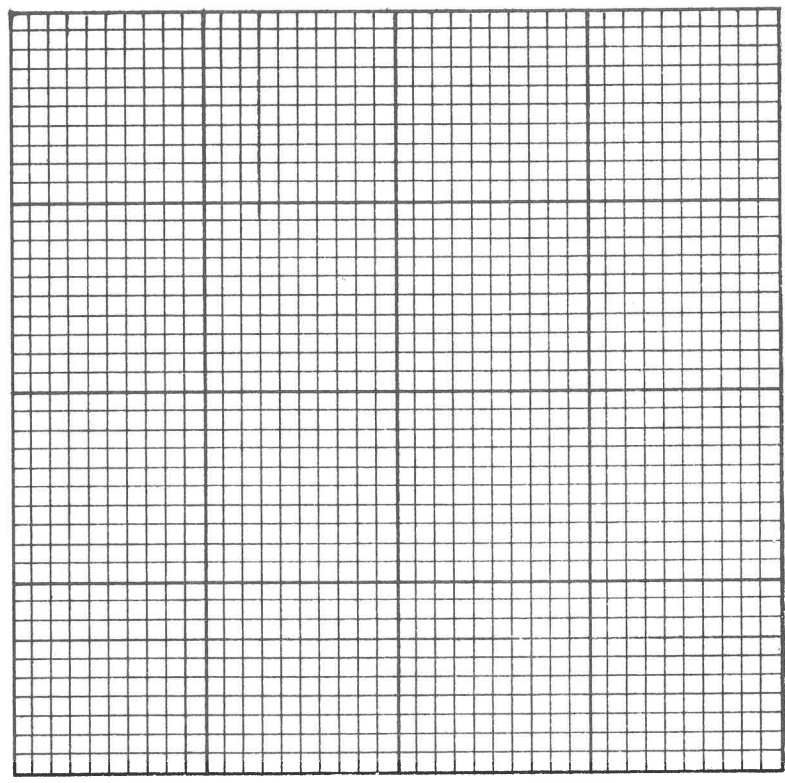
Description Owned South View, Block 2, N46FW 1/2 Lot No. 103, _____ Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: concrete Vault Price, \$ 350.00

38

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



Grave No.	FULL NAME OF DECEASED	REMARKS
1	<u>Vivian K. Erickson</u>	
2	<u>PAID MAY 06 2005</u>	
3	<u>2' from North lot line of the West half to center of grave.</u>	
5		
6	<u>2' from West lot line to edge of grave.</u>	
7		
8		
9	<u>Burial date April 16, 2005</u>	
10		
11	<u>Hgt. + Livingston Sew.</u>	
12		