BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7027

BUREP FILED AT CITYHALL BLANK

1.	Place of Death PAGE (County)	SHENANDOAH, J (Township, Village of		SHE	NANDOAH MEMORIAL (Hospital)	HOSPITAL
2.	100					
3.	SexMALE	4. Color or	Race		·	
5.	8)	OW				
6.		, XXX 7. Age	63	Years	Months	Days
8.						
9.		A, IA				
10.	Name of Father ELMER ALVIN SMITH					
11.	Birthplace of Father (State or Country)					
12.	Maiden Name of Mother IILEAN LUCINDA	A EMBREE				
13.						
14.	•					
16.	Informant Date of Death JULY 24, 2000	XXX				
17.						
	Name of Doctor (or Coroner or Health Officer					
	Address					
19.	Place of Burial or Removal ROSE HILL CE	METERY	D	ate of BurialS	EPTEMBER 1, 2000	XXX.
20.	Undertaker PRIVATE FAMI	LY SERVICE	Address			•

Filed 9-1-20	No10	BURIAL
200	Paul Smith	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 place on plat to identify grave.

Description Owned

Addition, Sub-division or Section

Record.

REMARKS

Name of Owner

Address Once 250

Date Sold

Price, \$ 304.00

Grave No.	FULL NAME OF DECEASED	REM
1	Floyd Paul Smith	
2		
3	2 from the South lot le	ine
4	2 from the South lot le of the East holf to Center of grave.	tr
5	of grave.	
6		
7	2' from the East to thin to edge of grave.	e
8	to else of grave.	
1 O		1
10/	Swid date Sept. 1, 2	000
11		
-{	TE .//	

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