BURIAL REPORT

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

Burial or Permit No. 7830

1.	Place of Death: Page	Shenandoah		Gardenview Care Center	
	(County)	(Township or City)		(Facility)	
2.	Name: Marilyn R. Fecher		·		
3.	Sex:Female	4. Color or Race:	White		
5.	Single, Married, Widowed or Divorced:	Widowed			
6.	Date of Birth: July 26, 1931	7. Age	Years	8Months 7	Days
8.	Occupation: Secretary	a .			
9.	Birthplace (State or County):	Shenandoah, Iowa			
10.	Name of Father: Ray Moble	у			
11.	Birthplace of Father: Unknown				
12.	Maiden Name of Mother: Thora Swa	nson			
13.	Birthplace of Mother:Unknown				
14.	Informant: Katherine Green	15. Address:	605 9 th Ave	Shenandoah, IA 51601	
16.	Date of Death _5:30 p.m. Friday, April 2, 2	010			
			N.	/•	
	Name of Doctor (or Coroner or Health Offic	er): Douglas Weddle, M	.D.		
	Address: 1 Jack Foster Drive S	henandoah,, IA 51601	3		
	Place of Burial or Removal : Rose Hill (Cemetery	Date of Burial:	Thursday, April 8, 2010	
19.	Undertaker: Kirsch Funeral Chape	Address:	405 W.	Thomas Ave. Shenandoah, Iow	a 51601

BURIAL REPORT CITY CLEAN No. 1830 Name Marilyn R. Fecher Burial Date 05/08/2010 Date of Death 05/02/2010

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 craw 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

Addition Sulf-Maister Scotion

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Rt. Name of Owner Address Date Sold Remarks: Price, \$ Grave FULL NAME OF DECEASED REMARKS No. INDICATE DIRECTION BY N. S. E. OR W. 10 11 12