BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7509

1.	Place of Death Douglas	Omaha, NE	Nebraska Medical Center
	(County)	(Township, Village or City)	(Hospital)
2.	Full name Helen M. Berrier		
3.	Sex Female	4. Color or Race white	
5.	Single, Married, Widowed or Divorce Widowed		
6.	Date of Birth October 15	, 19_24_ 7. Age81Years8	Months9Days
8.	Occupation Homemaker		
9.	Occupation Homemaker Birthplace (State or Country) Hamburg, Iowa		
10.	Name of Father Bert Foster		
11.	Birthplace of Father (State or Country)		
12.	Maiden Name of Mother Ruby Duff		
13.	Birthplace of Mother (State or Country)		
14.	Informant Thomas A. Berrier, Jr.	15. Address 707	Lake St., Shenandoah, IA 51601
16.	Date of Death: June 21, 2006	, 19	a e
17.			
	Name of Doctor (or Coroner or Health Officer) Dr. Deanna Larsen, M.D. Address Omaha, NE		
19.	Place of Burial or Removal Rose Hill Cemetery, Shenandoah, IA Date of Burial 06-24-2006 , 19		
20.	Undertaker Hackett-Livingston Funeral Home Address Shenandoah, Iowa 51601		

Name Helen Decrie atec FORM 35-7 Lot No. Date Sold Price, \$

Hel joye Field Record of Previous Burials ◆MATT PARROTT & SONS CO., WATERLOO, 10W/1 ‡E832 These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Yok 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.

The security of the name of those placed on plat to identify grave. Description Owned or Section Address Name of Owner Remarks: Grave No. TULL NAME OF DECEASED REMARKS 20 N. S. E. OR W. 5 INDICATE DIRECTION BY

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