**BURIAL REPORT** 

No. 856

Date of Death 11/1/2020 Burial Date: 11/10/2020

Name: Cheryl R. McIntyre

## **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. A number corresponding to name must be placed on plat to identify grave.

Description Owned	Addition, Sub-division or Section		, Block,	Part of Lot N	lo. <u>S</u> ,	Dimensions F1
Name of Owner	Kiper,	Address		Date Solo	I	
Remarks:	remation			Price.	, \$	

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

Grave No.	FULL NAME OF DECEASED					
1	Cheryl Mc Intyr	8				
2	1					
3	2' 4" from 5 10	+				
4	line to adge of	gruce				
5		1				
و و	2' from W lot line 55 to center of a	ľΛ				
7	St to center of a	rave.				
8						
9						
10	Hackett					
11	1 1					
12	11/10/20					

## **BURIAL REPORT**

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

Burial or Permit No....

		-				
1.	Place of Death Ida	Holstein		Good Samaritan 1	Home	
	(Coun	ty)	(Township or	City) (I	Facility)	
2.	Name: Cheryl Ruth McIntyr	<u>e</u>				
3.	Sex: fe <u>male</u> 4. (	Color or Race: Cau	casian			
5.	Single, Married, Widowed, or divorced: <u>Divorced</u>					
6.	Date of Birth 06/17/1950	7. Age <u>70 Years</u>	_Months _Days	5		
8.	Occupation: Homemaker					
9.	Birthplace (State or County) Shenandoah, IA					
10.	Name of Father: Lysle Kiper					
11.	Birthplace of Father:					
12.	2. Maiden Name of Mother: Lois Falk					
13.	Birthplace of Mother:					
14.	Informant: Michelle Keeler	Address: Shenano	loah, IA			
16.	Date of Death: November 1	, 2020				
17.	Name of Doctor (or Coroner	or Health Officer	): Dr. Albert Vel	tri		
19.	Place of Burial or Removal	Rose Hill Cem	netery	_20. Date of Burial	:11/10/2020_	
21.	Undertaker Hackett L	vingston Funeral l	Home			
22.	Address208 W. Claris	nda Ave. Sł	enandoah: Iowa	51601		