## **BURIAL REPORT**

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

Burial or Permit No. 1801

1.	Place of Death Page	Shenandoah, Iowa	Shenandoah Medical Center				
	(County)	(Township or City)	(Fa	cility)			
2.	Name: Lois Elouise (Martin) Pease		·				
3.	Sex: Female	4. Color or Rac	eWhite				
5.	Single, Married, Widowed or Divorced	Married					
6.	Date of Birth March 11, 1924	7. Age <u>85</u>	Years10	Months11	Days		
8.	Occupation: Secretary/Volunteer						
9.	Birthplace (State or County) Atchison C	ounty, Missouri	-				
10.	Name of FatherLester R. Martin						
11.	Birthplace of Father						
12.	Maiden Name of MotherBeulah (Hutton)	Martin					
13.	Birthplace of Mother						
14.	InformantCharles M. Pease (Husband)	15. Address	11 Orchard Lar	ne, Shenandoah, Iowa 5	1601		
16.	Date of Death:						
				,,			
17.	Name of Doctor (or Coroner or Health Officer)	Dr. Heather Babe, M.D.					
18.	Address	1 Jack Frost Drive, Shena	ndoah, Iowa 51601				
19.	Place of Burial or RemovalRose Hill C	Cemetery	Date of Burial	01/22/2010			
20.	Undertaker <u>Hackett Livingston Funeral Home</u>	Address208 W. C	larinda Avenue, P.O. B	Box 395, Shenandoah, Io	wa 51601_		

**Burial Date** Lois Elouise Pease

## **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.

iden	n lot, beginning ks will then be tify grave.	taken to the	cemetery and a	arate sheet for ea record will be ma dition, Sub-division	ide from the lots,	of the name	s of those	e buriec	and location of	s name and other data as to ownership grave on lot. A number corresponding	to name must be placed on p	lat to	
Name of OwnerAddress						Date Sold							
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