BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7346

1.	Place of Death Page Shenandoah Shenandoah Memorial Hospital (Township, Village or City)
	Full name Buddy Leland Anderson Sex Male 4. Color or Race White
	Single, Married, Widowed or Divorced Married Date of Birth August 26, 1931 7. Age. 72 Years 7 Months 18 Days
6. 8.	O Maintanana Engineer
9. 10.	Birthplace (State or Country) Glenwood, - Iowa
11.	Birthplace of Father (State or Country) Maiden Name of Mother Nita Bradway
	n + (1) -4 April 13 200/
17.	Date of DeathApril 113, -2004
	Name of Doctor (or Coroner or Health Officer) Donald L. Bumgarner, M.D. Address 405 W. Thomas Ave., P.O. Box 526 Shenandoah, Iowa 51601 Place of Burial or Removal Rose Hill Cemetery Date of Burial April 17, 2004 19
19. 20.	Funeral Director William D. Selby Address 405 W. Thomas Ave., P.O. Box 526 Shenandoah, Iowa 51601

AATT PARROTT & SONS CO., WATERLOO, 10WA \$E832

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

Field Record of Previous Burials

FORM 35-7

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. Addition, Sub-division or Section, Block

Description Owned

Addition, Sub-division or Section

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Addition, Sub-division or Section

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These sheets to be used to the complex to the co

Description Owned Name of Owner Address.

Date Sold

Price, \$350.00 Remarks: Grave REMARKS FULL NAME OF DECEASED No. 2 5 8 10 11 12