

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

Burial or Permit No.....

1. Place of Death Page Clarinda, IA Goldrered manor
(County) (Township or City) (Facility)
2. Name: Katherine Jo Ann Swaink
3. Sex: F 4. Color or Race: C
5. Single, Married, Widowed or Divorced widowed
6. Date of Birth September 1 1947 7. Age 75 Years 4 Months 20 Days
8. Occupation: _____
9. Birthplace (State or County) Shenandoah Iowa Page
10. Name of Father Roy Delbert Wykoff
11. Birthplace of Father _____
12. Maiden Name of Mother Majjorie Ellen (Ford) Wykoff
13. Birthplace of Mother _____
14. Informant Jaime Gaunt 15. Address 613 E Grant St Clarinda, IA
51632
16. Date of Death: January 21, 2023
- Name of Doctor (or Coroner or Health Officer) Robert Weissinger
Address 220 Essie Davison Dr. Clarinda, IA 51632
- Place of Burial or Removal Rose Hill Date of Burial: 1-26-2023
19. Undertaker John Leece Address 405 W. Thomas Ave Shenandoah, IA
51601

BURIAL REPORT

No. 8702

Name Katherine JoAnn Swaink

Burial Date 1-26-2023

Date of Death 1-21-2023

Field Record of Previous Burials

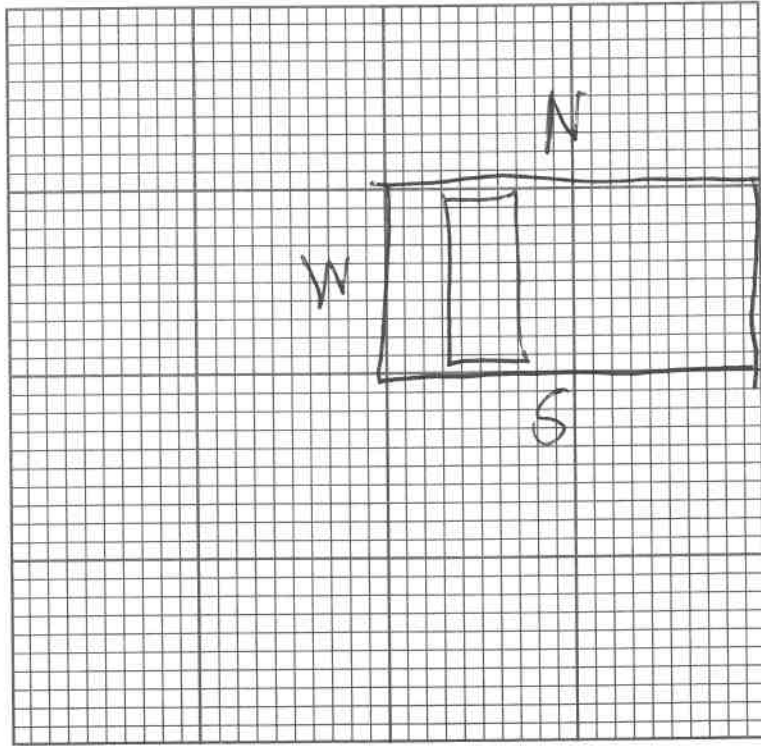
These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.

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 Southview, Block 3, W₂ Part of Lot No. 33, _____ Ft.
Addition, Sub-division or Section Dimensions

Name of Owner _____ Address _____ Date Sold 4-13-93

Remarks: Vault Price, \$ _____



Grave No.	FULL NAME OF DECEASED	REMARKS
1		
2	Katherine Swaink	
3		
4	2' from W line to center	
5	of grave.	
6		
7	2' from N line to	
8	edge of grave.	
9		
10		
11	Mishna / Hodaway	
12	1-26-23	

315

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