

Field Record of Previous Burials

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

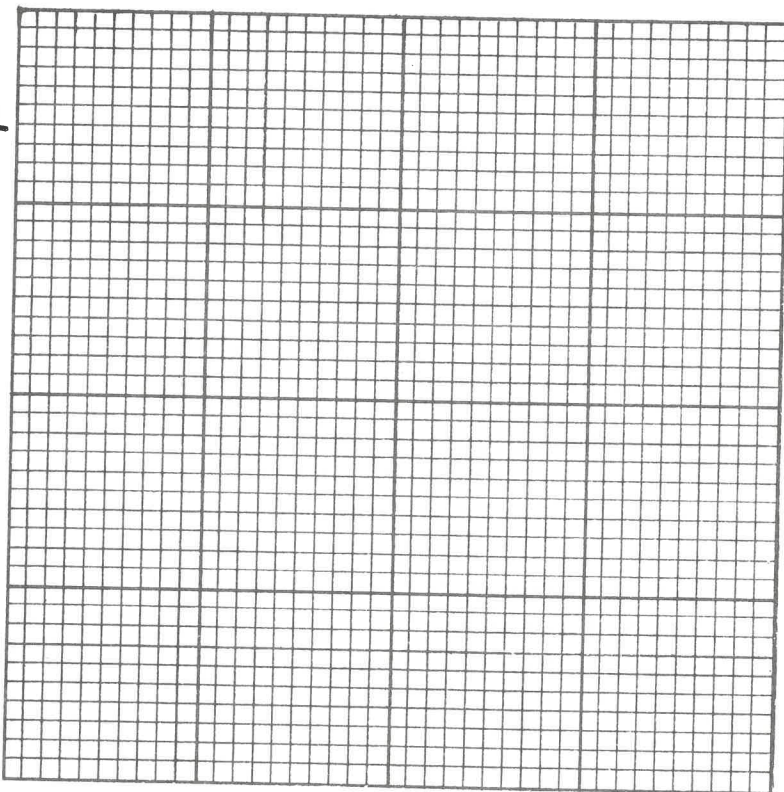
Description Owned South View, Block 3, W4' Lot No. 40, _____ Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Concrete Box 200.00 / grave space 250.00 Price, \$ 450.00

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

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Grave No.	FULL NAME OF DECEASED	REMARKS
1	Gerald Dean Archer	
2		
3	2' from the West lot line	
4	to center of grave.	
5		
6	2' from the North lot line	
7	to edge of grave.	
8		
9	Burial date April 21, 1997	
10		
11	Hackett Sev.	
12		

PAID
 200.00
 APR 30 1997
 REC. # 10220
 CITY CLERK

The following must be filled out by the cemetery, and returned to the office of the cemetery.

BURIAL REPORT

No. 6744

Name Gerald D. Archer

Filed _____ 19__

Form 35-6

Burial Report

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 6744

1. Place of Death Page Shenandoah Garden View Care Center
(County) (Township, Village, or City) (Hospital)

2. Full Name Gerald Dean Archer

3. Sex Male 4. Color or Race White

5. Single, Married, Widowed or Divorced Divorced

6. Date of Birth May 10, 1951 7. Age 45

8. Occupation Laborer Nursery Co.

9. Birthplace (State or Country) Osceola, IA

10. Name of Father Harold Everett Archer

11. Birthplace of Father (State or Country) _____

12. Maiden Name of Mother Doris Elaine Brammer

13. Birthplace of Mother (State or Country) _____

14. Informant Sharon Hendrickson 15. Address 1000 7th Ave., Shenandoah, IA 51601

16. Date of Death Apr 18, 1997

17. Name of Doctor (or Coroner or Health Officer) Dr. Pascuala C. Reyes D.O.

18. Address 813 Church St., Shenandoah, IA, 51601

19. Place of Burial or Removal Rose Hill Cemetery Date of Burial _____

20. Undertaker Hackett Funeral Home, Inc Address 208 West Clarinda Ave. Shenandoah, IA

Sexton's Report of Burial to Cemetery Officer

The following must be filled out by the Sexton, Superintendent or Grave Digger at time of burial, and report delivered to record-keeping officer of the cemetery.