

pd 5-23-05

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7444

1. Place of Death _____ (County) Iowa City (Township, Village or City) University of Iowa Hosp. (Hospital)

2. Full name Michael R. Anderson

3. Sex Male 4. Color or Race White

5. Single, Married, Widowed or Divorced Single

6. Date of Birth January 20, 1957 7. Age 48 Years 1 Months 17 Days

8. Occupation Laborer

9. Birthplace (State or Country) Nevada

10. Name of Father Joseph Dean Anderson

11. Birthplace of Father (State or Country) Nevada

12. Maiden Name of Mother Devi Berg

13. Birthplace of Mother (State or Country) New York City, New York

14. Informant Donna Aldaz Loya 15. Address 106 Maple St. #1 Shenandoah, IA 51601

16. Date of Death March 7, 2005, 192005

17. _____

Name of Doctor (or Coroner or Health Officer) Lakshmi Durairaj MD
 Address University of Iowa Hospital/Clinics 200 Hawkins Dr. Iowa City, IA 52242

19. Place of Burial or Removal Rose Hill Cem Shenandoah, IA Date of Burial May 28, 2005, 19____

20. Undertaker Hackels Address 208 W. Clamada Ave. Shen. Ia.

DOB 8/17/05

BURIAL REPORT

No. 7444

Name MICHAEL R. ANDERSON

Filed MAY 28, 2005 19
CREMATION

MATT PARROTT & SONS CO., WATERLOO, IOWA §E832

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

Description Owned South View, Block 3, W4' Lot No. 43, Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Cremation Price, \$ 200.00

Need info from [unclear]

Grave No.	FULL NAME OF DECEASED	REMARKS
1	Michael R. Anderson	
2		
3		2' from West lot line to center of grave.
5		
6		2' from North lot line to edge of grave.
8		
9		Burial date May 28, 2005
10		
11		Family Sev.
12		

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