

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

Burial or Permit No. 7991.....

1. Place of Death Washington Blair Blair Memorial Community Medical Center
(County) (Township or City) (Facility)
2. Name: JoAnn Collins
3. Sex: female 4. Color or Race White
5. Single, Married, Widowed or Divorced divorced
6. Date of Birth _____ 7. Age 62 Years _____ Months _____ Days
8. Occupation: laborer
9. Birthplace (State or County) Fayette, MO
10. Name of Father Richard Gray, Sr
11. Birthplace of Father _____
12. Maiden Name of Mother Marion Collins
13. Birthplace of Mother _____
14. Informant Jim Collins 15. Address 746 N 12th St Blair, NE 68008
15. _____
16. Date of Death: 4/1/2012
17. Name of Doctor (or Coroner or Health Officer) _____
18. Address Blair, NE
19. Place of Burial or Removal Rose Hill Cemetery 20. Date of Burial: 4/6/2012
21. Undertaker Hackett Livingston Funeral Chapel 22. Address 208 W. Clarinda Avenue, Shenandoah, Iowa 51601

#2200

BURIAL REPORT
CITY CLERK

MAY 04 2012

PAID

No. 7991

Name JoAnn Collins

Burial Date 4/6/2012

Date of Death 4/1/2012

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.

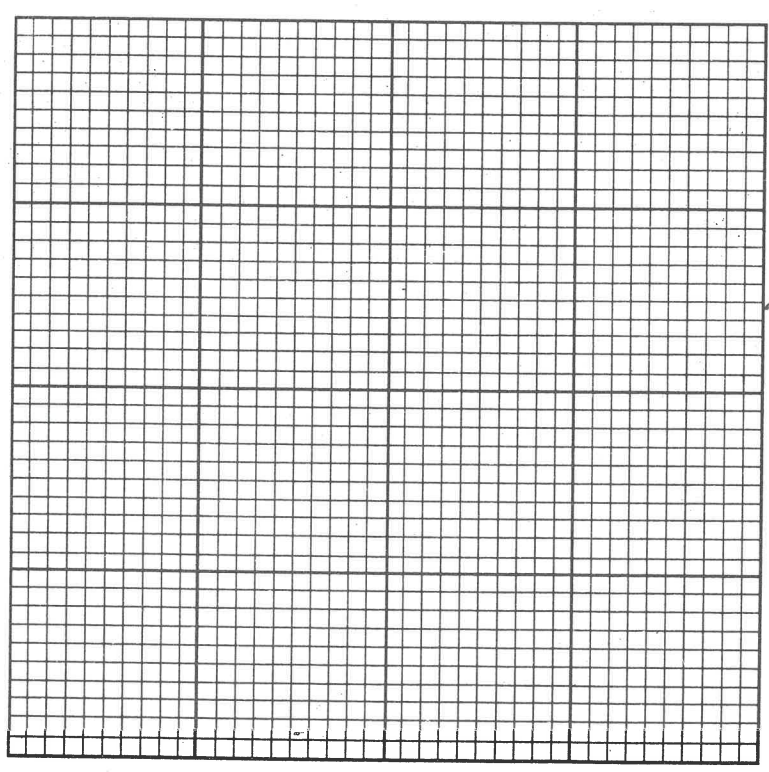
PAID

MAY 04 2012
CITY CLERK

Description Owned South View, Block 4 E4' of S 1/2 Lot No. 4
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Chemation Price, \$ 200.00



Grave No.	FULL NAME OF DECEASED	REMARKS
1	JoAnn Collins	
2		
3		2' from East lot line of the South half to center of grave.
4		
5		
6		2' from South lot line to edge of grave.
7		
8		
9		Burial date April 6, 2012
10		
11		Plt. & Livingston Sev.
12		

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