BURIAL REPORT

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

Burial or Permit No.

1.	Place of Death	Page	Shenandoah		Shenand	loah Medica	l Center	
		(County)		wnship or Cit			(Facility)	
2.	Name:	Daniel Lee (Good					
3.	Sex:m	ale		4. Color or	Race	white		<u>.</u> ,
5.	Single, Married,	Widowed or Divorced	married				<u>.</u>	
6.	Date of Birth 9/	11/1956	7. Age <u>56</u> Years _	Mo	nths	Days	3	
8.	Occupation:	laborer						
9.		or County)She			•			
		George Good .						
12.	Maiden Name of	Mother Anna Bell Ric	chardson					
13.	Birthplace of Mo	other						
14.	Informant Colle	en Good 15. Address:	1307 Mitchell Street: 20	05 W Valley S	Street, Shenan	idoah IA 516	501	
15. 16.	Date of Death: _	10)/8/2012					
17.	Name of Doctor (or Coroner or Health C	Officer) Dr. Janet Bu	mgarner 18.	Address		Shenandoah	
19.	Place of Burial of	r Removal Rose	Hill Cemetery		20. Date	of Burial: _	4/ 13/2013	_
21.	Undertaker	Hackett Livingston Fu	neral Chapel 2	2. Address	208	W. Clarinda	Avenue, Shenandoah, Iowa 51	601

CTY CEMENT MAY 1 3 2013 Date of Death 10/8/2012

Burial Date 4/13/2013

BURIAL REPORT

8062

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

Description Owned Addition, Sub-division or Section		, Block 4 N4-0 E/2 Lot No,	Ft.
Name of Owner	Address	Date Sold	
Remarks: Cremation	.4.	Price, \$ 200.00	

Grave

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

FULL NAME OF DECEASED REMARKS 10