## BURIAL REPORT

## From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7709

1.	Place of DeatsTaney (County)	Kimberling City, MO (Township, Village or City)	Tablerock Care Center (Hospital)	
2.	Full nameSusan Helms Glasgo			
3.	Sexfemale	4. Color or Race Wh	ite	
5.	Single, Married, Widowed or Divorce Married	d		
6.	Date of BirthFeb - 8,-1941	7. Age <b>67</b>	Years Months	Dovo
8.	Occupatio Clerk	,		Days
9.	Birthplace (State or CountryShenandoah, IA	<b>.</b>		
10.	Name of FatheRalph-Helms			
11.	Birthplace of Father (State or Country)			
12.	Maiden Name of Mothe Myrtle Carl			
13.	Birthplace of Mother (State or Country)			
14.	InformanRonald_Glasgo	State or Country)15. Addres \$.72 Cheyenne Dr. Galena, MO 65656		
16.	Date of DeathNovember -18, 2008	, 19		0293.0
17.				
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	Name of Doctor (or Coroner or Health Officer	)Unknown	·	
	Address Galena, MO			
19.	Place of Burial or RemovaRose Hill Cemeter	Place of Burial or RemovaRose Hill-Cemetery, Shenandoah, IA Date of BuriaNovember 24, 2008 19		
20.	Undertake Hackett-Livingston Funeral Hon	neAddressShe	enandoah, Iowa 51601	

PA ADSIOS
JAN -6 2009
BURIAL REPORT
No. 1
Name Susan Helms Glasgo
Burial Date 11/24/2008
Date of Death 11/18/2008

## **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 Name of Owner Address Date Sold Price, \$ Grave FULL NAME OF DECEASED REMARKS No. 2 INDICATE DIRECTION BY N. S. E. OR W. 10 12