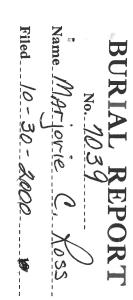
BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7039

1.	. Place of Death Shenandoah	Shenandoah Memorial Hospital	
	(County) (Township, Village or City	(Hospital)	
2.	. Full name Marjorie Catherine	Ross	
3.	3. Sex Female 4. Color or Race		
5.	Single, Married, Widowed or Divorced Married		
6.	Date of Birth January 15, 1918, 19 7. Age 8	Nonths 12 Days	
8.	3. Occupation Housewife	·	
	Birthplace (State or Country) Iowa		
10.	Name of Father Charles A. Mains		
11.	. Birthplace of Father (State or Country)		
12.	. Maiden Name of Mother Pearl J. Wilson		
	Birthplace of Mother (State or Country)		
14.	. Informant Robert Ross 18	6. Address 26 Mayridge Drive	
16.	Date of Death October 27, 2000 , 19	Shenandoah, IA 51601	
17.	,		
	Name of Doctor (or Coroner or Health Officer) Jerry G. Schaaf, M.D.		
	Address 1 Jack Foster Drive; Shenandoah, IA 51601		
19.	. Place of Burial or Removal Rose Hill Cemetery	Date of Burial October 30, 2000 , 19	
20.	11:11: D 0 11		
Shenandoah, IA 51601			



FORM 35-7 Field Record of Previous Burials MATT PARROTT & SONS CO., WATERLOO, 10WA \$ E832 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. In number the responding to name must be place on plat to identify grave.

Posscription Owned

Dimensions

Pignessions Description Owned Dimensions Addition, Sub-division or Section Date Sold Price, \$2/5.00 Address Name of Owner Remarks: Contre Grave No. REMARKS FULL NAME OF DECEASED 1 2 0 ü INDICATE DIRECTION BY N. S.

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