BURIAL REPORT

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

Burial or Permit No. 7998

1.	Place of Death	uglas	Omaha, Nebraska		University of Nebraska Medical Center						
	(Cou	nty)	(Township or City)			(Facility))				
2.	Name: Robert Fran	k Folden							_		
3.	Sex: Male	4. Colo	or or Race:	White							
5.	Single, Married, Wido	wed or Divorced:	Never Married				•				
6.	Date of Birth:I	December 1, 1963	7. Age _	48	Years	4	Months _	4	_Days		
8.	Occupation:	Retail Grocery (Hy-Vee)									
9.	Birthplace (State or Co	ounty):	Shenandoah, Iowa								
10.	Name of Father:	Frank Harvey Fold	en					-	_		
11.	Birthplace of Father: _	Unknown						-			
12.	Maiden Name of Mother: Darlyne Mae Harms								_		
13.	Birthplace of Mother:	Unknown									
14.	Informant : S	Sandy Major	5. Addre	ss <u>816 N</u> .	A Street	Albia, Iowa	52531				
16.	Date of Death:8	3:00 a.m. Thursday, April 5, 2	2012								
						1.					
	Name of Doctor (or Coroner or Health Officer): Dr. Richard Yaks, M.D.										
	Address:	Omaha, Nebraska 68105						_			
	Place of Burial or Remo	oval : Rose Hill Cemetery	7	_Date of Bur	ial:	Monday, A	pril 9, 201	2			
19.	Undertaker:	Kirsch Funeral Chapel	Address:		105 W. Th	omas Ave.	Shenando	ah, Iowa 51	1601		

BURIAL REPORT
CITY CLERK

No. 7992

Name Robert F. "Bob" Folden

Burial Date 04/09/2012

Date of Death 04/05/2012

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.

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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 identify grave.

Description Owned South Views Addition, Sub-division or Section	, Block <u>5</u> W8	80FS Lot No. 18TY	CLERK Dimensions
Name of Owner Address _		Date Sold	_
Remarks: Concrete Vault		Price, \$ 400.00)
	Grave	FILL NAME OF DECEASE) BE

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

FULL NAME OF DECEASED

REMARKS

POUR J. Bob Jollan

2

63 from West lot line of the

South helf to Center of grave.

5

26 from South lot line to

Page of grave.

By wind date April 9, 20/2

10

11

PAINCE Seven