

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 6962

1. Place of Death Page Clarinda IHS Care Center
(County) (Township, Village or City) (Hospital)
2. Full name Don Ivan Irvin
3. Sex Male 4. Color or Race White
5. Single, Married, Widowed or Divorced married
6. Date of Birth March 22, 1918 7. Age 81 Years 7 Months 16 Days
8. Occupation Farming
9. Birthplace (State or Country) Blanchard, Iowa
10. Name of Father Ed Irvin
11. Birthplace of Father (State or Country)
12. Maiden Name of Mother Hazel Smith
13. Birthplace of Mother (State or Country)
14. Informant Helen Irvin 15. Address RR1, Blanchard, IA 51630
16. Date of Death November 7, 1999
17. _____

Name of Doctor (or Coroner or Health Officer) William Richardson, MD
 Address 216 W. Division; Clarinda, IA 51632

19. Place of Burial or Removal Rose Hill Cemetery Date of Burial November 10, 1999
20. Undertaker William D. Selby, F.D. Address 405 W. Thomas Ave., P.O. Box 526
Shenandoah, IA 51601

BURIAL REPORT

No. 6962

Name Don I Irvin

Filed 11-10 1999

◆ MATT PARROTT & SONS CO., WATERLOO, IOWA †E832

Field Record of Previous Burials

FORM 35-7

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 place on plat to identify grave.

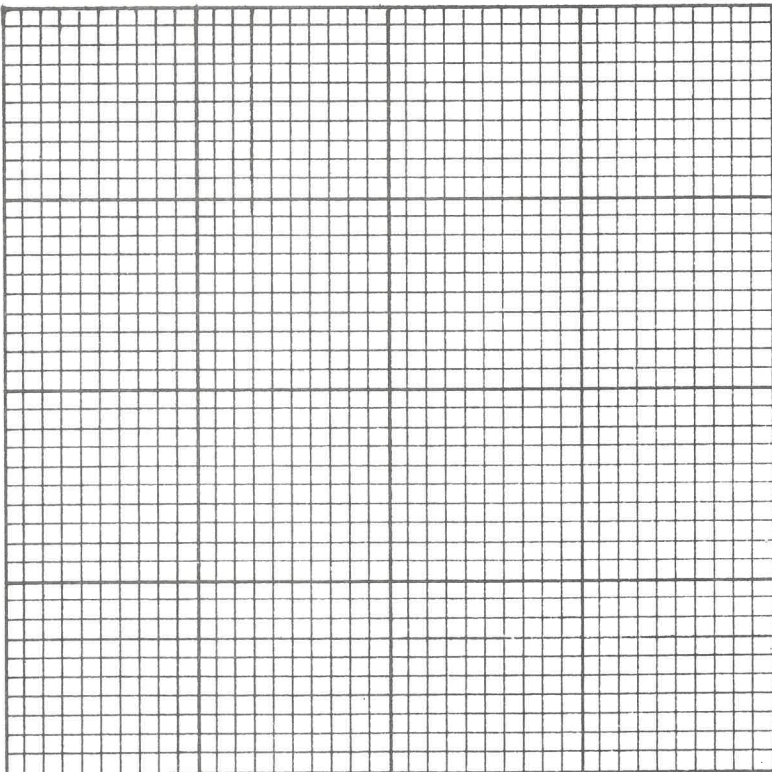
Description Owned South View, Block 5, E4'FS 1/2 Lot No. 30, _____ Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: concrete Vault Price, \$ 215.00

13

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



| Grave No. | FULL NAME OF DECEASED | REMARKS |
|-----------|-----------------------|------------------------------------|
| 1 | <u>Don I. Irvin</u> | |
| 2 | | |
| 3 | | <u>2' from the East lot line</u> |
| 4 | | <u>of the South half to Center</u> |
| 5 | | <u>of grave.</u> |
| 6 | | |
| 7 | | <u>2' from the South lot line</u> |
| 8 | | <u>to edge of grave.</u> |
| 9 | | |
| 10 | | <u>Burial date Nov. 10, 1999</u> |
| 11 | | |
| 12 | <u>Selby Sev.</u> | <u>pd. 11-10-99</u> |