## BURIAL REPORT

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

Burial or Permit No.

I.	Place of Death: Page			Elm Heights Care Center					
	(County)	(Township or City)		(Facility)					
2.	Name: <u>Harold Hawes</u>				_				
3.	Sex: Male								
5.	Single, Married, Widowed or Divorced:	Widowed		4					
5.	Date of Birth: Sept. 28, 1923	7. Age	90 Years	•	Days				
3.	Occupation: Operated Jewelry Store				_				
).	Birthplace (State or County):	Missouri Valley, Iowa							
0.	Name of Father: Wayne Haw	/es							
1.	Birthplace of Father:Unknown								
2.	Maiden Name of Mother: Helen Skelt	on							
3.	Birthplace of Mother : Unknown								
4.	Informant : Jon Hawes	5. Address:	1774 State Hwy 48	Shenandoah, IA 51601					
6.	Date of Death 9:02 A.M. Tuesday, October	23, 2013							
				1.					
	Name of Doctor (or Coroner or Health Office	r): Heather Babe, MD							
	Address: 1 Jack Foster Drive Shenandoah, Iowa 51601								
	Place of Burial or Removal : Rose Hill Co	emetery	_Date of Burial:	Thursday, October 24, 2013					
9.	Undertaker: Kirsch Funeral Chapel	Address:	405 W. 7	Thomas Ave. Shenandoah, Iowa 5	1601				

ВГ	BURIAL REPORT
	No. <b>8103</b>
Name	HAROLD WAYNE HAWE
Burial Date	10/23/2013
Date of Death 10/22/2013	10/22/2013

## **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, an blanks will then be taken to the cemidentify grave.  Description Owned	d use a separate silear for each lot. This catery and a record will be made from the	an be done in the office from the plat lots, of the names of those buried a	and the owner's name and other data as to ownershind location of grave on lot. A number corresponding  W4 0FN 2 Lot No. 3	p secured from deed record. These to name must be placed on plat to
2	Name of Owner Remarks:	wet Box	Address		
				Grave FULL NAME OF	DECEASED REMARKS
				Harold W.	Hawls
2	5			2	11 11
Ä.				2 mgm Nest lo	The of the
S. E. OR				north half to Ce	nter of grave.
N BY N				5	411
NDICATE DIRECTION				2° from north	lot line to
ICATE D				edge of grave	10
QN QN				0 99	
				Barrial date (	101.23,2013