BURIAL REPORT

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

Burial or Permit No. 8416

1.	Place of Death	Montgomery	Stanton	Accura Healthcare
		(County)	(Township or City)	(Facility)
2.	Name: Joanna Fern	Androy		
3.	Sex: <u>female</u>		4. Color or Race	White
5.	Single, Married, Wi	dowed or Divorced	: widowed	,
6.	Date of Birth 1/13/1	1936 7. Age _8	32 Years _Months _Days	
8.	Occupation: Homem	aker_		
9.	Birthplace (State or	County) <u>Jefferson</u>	City, MO_	
10.	Name of Father: Way	yne Spurgeon		
11.	Birthplace of Father	r		
12.	Maiden Name of Mo	other: Freeland Sca	ggs	
13.	Birthplace of Mothe	er		
14.	Informant Jerry And	lroy 15. Address:	1128 Winne St: Galveston, T	X 77550
16.	Date of Death: 6/	12/2018		
17.	Name of Doctor (or	Coroner or Health	Officer) Dr. Couse 18. Add	lress Red Oak, IA
19.	Place of Burial or I	Removal	Rose Hill Cemetery	20. Date of Burial: 7/13/2018
21.	UndertakerH	lackett Livingston F	Funeral Home	
22.	Address 208	W. Clarinda Ave,	Shenandoah, Iowa 516	50 <u>1</u>

Date of Death 6/12/2018 Name: Joanna Fern Androy **Burial Date:** 7//3/2018

BURIAL REPORT

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	Addition Sub-division or Section		, Block ,	Part open. Lot No. 54,	Ft
Name of Owner	Centry	Address_		Date Sold	
Remarks:	remation			Price, \$	

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

temarks.				Price, \$						
			Grave No.	FULL NAME OF DECEASED	REMARKS					
			1	Joann Andr	04					
4		5	2							
		7	3	2 from W lot 1	163					
			W 4	2 from W lot 12 to center of gro	U @					
			5	J						
			6	26 from Slo	+					
			7	line to codge of	grave					
			8	p-	/					
			9							
			10							
			11	Hackett						
			12	7/13/18						
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