

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

Burial or Permit No.....

1. Place of Death Page Shenandoah Shenandoah Medical Center  
(County) (Township or City) (Facility)
2. Name: Dr. Floyd Arden Jones
3. Sex: male 4. Color or Race: Caucasian
5. Single, Married, Widowed, or divorced: Married
6. Date of Birth 2/1/1944 7. Age 79 Years Months Days
8. Occupation: Doctor
9. Birthplace (State or County) West Palm Beach, FL
10. Name of Father: Alfred Jones
11. Birthplace of Father:
12. Maiden Name of Mother: Catherine Dickenson Jones
13. Birthplace of Mother:
14. Informant: Sue Jones Address: 15 Applewood Dr, Shenandoah, IA 51601
16. Date of Death: Aug 12, 2020
17. Name of Doctor (or Coroner or Health Officer): Dr. Tim Smith
19. Place of Burial or Removal Rose Hill Cemetery 20. Date of Burial: 08/17/2020
21. Undertaker Hackett Livingston Funeral Home
22. Address 208 W. Clarinda Ave. Shenandoah, Iowa 51601

250.00

# BURIAL REPORT

No. 8546

Name: Dr. Floyd Jones

Burial Date: 8/17/2020

Date of Death 8/12/2020

## 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.

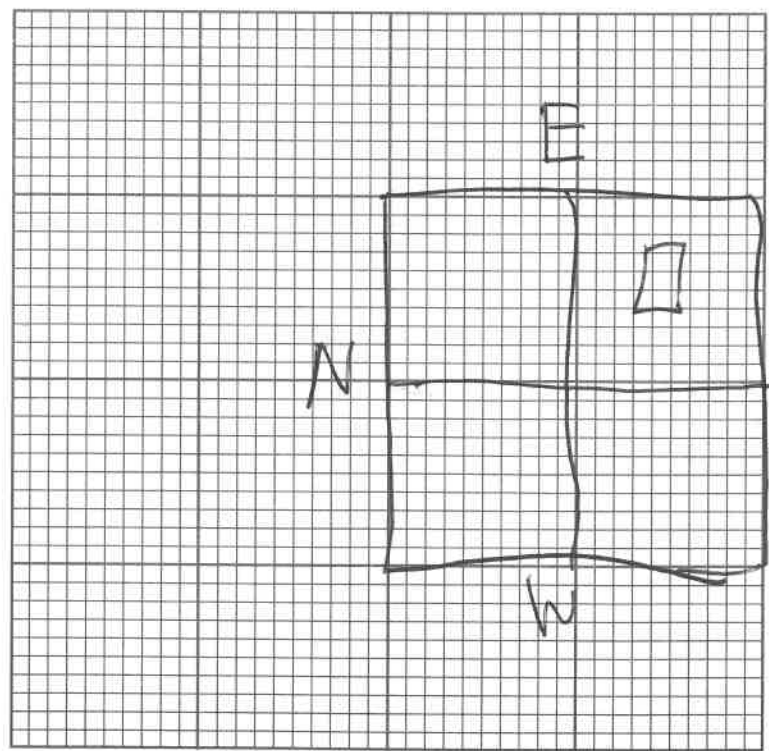
Description Owned Lakes, Block 8, E 1/2 Lot No. 17, \_\_\_\_\_ Ft.  
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner Jones Address \_\_\_\_\_ Date Sold \_\_\_\_\_

Remarks: cremation Price, \$ \_\_\_\_\_

20

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



| Grave No. | FULL NAME OF DECEASED | REMARKS |
|-----------|-----------------------|---------|
| 1         | Dr. Floyd Jones       |         |
| 2         |                       |         |
| 3         | 2' 6" from E lot      |         |
| 4         | line to edge of       |         |
| 5         | grave.                |         |
| 6         | 2' from S lot         |         |
| 7         | line in E 1/2 to      |         |
| 8         | center of grave.      |         |
| 9         |                       |         |
| 10        | Hackett               |         |
| 11        | 8-19-20               |         |
| 12        |                       |         |