BURIAL REPORT

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

Burial or Permit No.

1.	Place of Death	Mills	Glewood, Iowa			Hos	Hospice with Heart		
		(County)	(Township o	r City)		(Facility)		
2.	Name:A	lice E. Burns	yadaala daada ah						_
3.	Sex:	Female			4.	Color	or Race	White	
5.	Single, Married,	Widowed or Divorced_		Widowed			Ť		
6.	Date of Birth	April 29, 1922	7. Age	92	Years	1	_Months _	9	_Days
8.	Occupation:	Eaton Corp.							
9.	Birthplace (State	or County)	Rural Es	sex, Iowa			0.6		
10.	Name of Father _	Ot	to Rennac	k	TATUM TRANSPORTED STREET, STRE		COCHECUTARIN		
11.	Birthplace of Fat	her			MANUSCONIA M				
12.	Maiden Name of	Mother:Alma	Steffens_				-		
13.	Birthplace of Mot	ther							
14.	Informant	Cheryl Hanson	15. A	ddress:5	470 Field C	ourt Arv	ada, CO 800	008	
16.	Date of Death:_	June 7, 201	4						
17.	Name of Doctor	(or Coroner or Health (Officer) _	Dr. Ma	tthew Fryze	ek1	8. Addres	s Glenv	wood, IA_
19.	Place of Burial of	or Removal R	ose Hill C	Cemetery		20. I	Date of Buria	al:	06/11/2014
21.	Undertaker	Hackett Livingston Fu	ıneral Cha	<u>ipel</u>					
22.	Address 20	08 W. Clarinda Ave,	Sher	andoah, Iov	va 51601				

BURIAL REPORTING Name Alice E. Burns
Burial Date 06/11/2014
Date of Death 06/7/2014

Field Record of Previous Burials

These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Let 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 Description Owned Lot No. Name of Owner Address Date Sold Remarks: Price, \$ Grave FULL NAME OF DECEASED REMARKS No. INDICATE DIRECTION BY N. S. E. OR W. 10