## **BURIAL REPORT**

w of the

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

Burial or Permit No. 7864

1.	Place of Death <u>Page</u> (County)	Shenandoah (Township or City)	Elm Heigh (Faci	ts Care Centerlity)
2.	Name: Swea Amanda Moffe	ett		
3.	Sex: Female		*** *	
5.	Single, Married, Widowed or Divorced	Midowed_		
6.	Date of Birth August 3, 1911	7. Age	99 Years 2	·
8.	Occupation: Homemaker			
9.	Birthplace (State or County)P	lattsmouth, Nebraska		
10.	Name of Father Carl William	Crist		
11.	Birthplace of Father			
12.	Maiden Name of MotherChrist	ina Amanda Stride		
13.	Birthplace of Mother			
14.	InformantJo Dayle Irvin	15. Add	dress1203 Longman Drive	Shenandoah, Iowa 51601
16.	Date of Death:Sunday, Octo	ber 3, 2010		
	Name of Doctor (or Coroner or Health	Officer)Todd Isaacson, M.D	1.	
	Address 1 Jack Foster Drive Shena	ndoah, Iowa 51601		·
	Place of Burial or RemovalRose Hil	1 Cemetery	Date of Burial:	Thursday, October 7, 2010_
19.	UndertakerKirsch Funeral Ser	vice, IncAddress	405 W. Thomas Ave. Shenar	ndoah, Iowa 51601

Field Record	of Previous Bu	Burial Date 10/07/2010  Date of Death 10/03/2010	BURIAL REPORT 25 2011  No. 1864  Name Swea Amanda Moffett	1 1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
These sheets to be used on the grounds to secure  NOTE: Each small square represents a square foot of lot surface. For convenience each t each lot, beginning with Lot No. 1, and use a separate sheet for each lot. This can be done in the blanks will then be taken to the cemetery and a record will be made from the lots, of the name identify grave.	data which will be conied perma	nently in Cometent 1 of Per	ord.  previous burials, draw a diagram, with pen to ownership secured from deed record.	cil, of These
Description Owned	es of those buried and location of	LOFS & LOT	rresponding to name must be placed on p $_{ m No.}$	Ft.
Name of Owner Address	-	Part of Lot  Date So	Dimensions	1
Remarks: Concrete Vaut		Pric	e, \$ 400, 00	
	Grave No.	FULL NA	AME OF DECEASED	REMARKS
	1	wea a	. Mollet	
	2		00	
	2	from En	stlotline of	the
	Sotul	half to	Center of of	me.
	5		7 11 0 0	-
		//- V		+

Description Owned Name of Owner Re INDICATE DIRECTION BY N. S. E. OR W.

	Addition, Sub-division of Section		Part of Lot Dimension	ons .			
me of Owner	Address	3	Data Sold				
marks: Con	crete Vault		Price, \$ 400.				
		Grave No.	FULL NAME OF DECEASED	REMAR			
		1	wea a mollet				
		2					
		2	from East lot line o	Atha			
		Sotul	thall to Center of a	tave.			
		5		1			
		2	from South lot l	inet			
		23/0	e of arme.				
		80	000				
			wis date Oct. 7,2	010			
		10	AL A				
		11	Hitary Sev.				