BURIAL REPORT

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

Burial or Permit No. 8498

1.	Place of Death Citrus Inverness FL. Residence						
2.	Name: Joyce Ann PacTRidge (Facility)						
3.	Sex: Female 4. Color or Race Caucasian						
5.	Single, Married, Widowed or Divorced Marrie O						
6.	Date of Birth July 14 1950 7. Age 69 Years 3 Months 4 Days						
8.	Occupation: Health care System						
9.	Birthplace (State or County) OTO e, NebRaska						
10.	Name of Father Gerald Dean Mattes						
11.	Birthplace of Father						
12.	Maiden Name of Mother Norma Deane Dicks						
13.	Birthplace of Mother V/ H						
14.	Informant Shery Walkon 15. Address 1321 Willow Ave. Villiaca IA						
16.	Date of Death: October 18 2019						
Name of Doctor (or Coroner or Health Officer)							
	Address// A						
	Place of Burial or Removal Rose Hill Cemetery Date of Burial: 10.30-2019						
19.	Undertaker John P. Leece Address 405 W. Thomas Ave. Shen and Address						

Name Jeyer ANA Part Ridge

Burial Date 10-30-2019

Date of Death 10-19-2019

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.

i	dentify grave.	1/	loto, or the named	0, 1,1000 54,100		grave on lot. A number conceptioning to harmonide be placed on p	iat to
1	Description Owned _	Addition, Sub-division or Section	7 :	, Block	<u>(</u> ,	Part of Lot No	Ft.
1	Name of Owner	Partridge	_ Address _			Date Sold	
I	Remarks:(increte Vau	1+			Price, \$	
TON BY N. S. E. OR W.					Grave No.	FULL NAME OF DECEASED	REMARI
					2	Joyce Ann Parti	idge
		X a W	W				, ,
					3	2 from W lot lir	16
					4	to edge of gr	ave
					N 5	, ,	
ᅙ					1		

7

8

9

10

11

12

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

in the