BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7683

1.	Place of Death Douglas	Omaha, NE (Township, Village or City	Nebraska Medical Center	
	(County)	(Township, Village or City) (Hospital)	
2.	Full name Mildred Louise Carolyn Me	eyerholtz		
3.	Sex Female	4. Color or Race	White	
5.	Single, Married, Widowed or DivorcedWidowe	d		
6.	Date of Birth August 26, 1926	19 7. Age 81	YearsMonths	
8.	Occupation Typist			
9.	Birthplace (State or Country) Wales, Iowa			
10.				
11.	Birthplace of Father (State or Country)			
12.	Maiden Name of Mother Signey Oberg			
13.	Birthplace of Mother (State or Country)			
14.			. Address 602 Sixth Ave., Shenandoah, IA 51601	
16.	Date of Death July 31, 2008	, 19		
17.				
	Omaha NE	Dr. T.J. Holm	98	
19				
20.	Undertaker Hackett-Livingston Funeral Hon	ne Addre	Date of Buria August 5, 2008 oss Shenandoah, Iowa 51601	.10
	Sexton's Rep	ort of Burial to	Cemetery Officer	
of th	The following must be filled out by the Sexton, S ne Cemetery.	uperintendent or Grave Digge	er at time of burial, and report delivered to record-keeping	g officer
Buri	ial made on Lot No	lock		
	Chard,	of cro	1	



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 buria is, 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 owner, mp section from leed lect. 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 Name of Owner Address Date Sold Price, \$ Grave

ULL NAME OF DECEASED REMARKS No. INDICATE DIRECTION BY N. S. E. OR W. 10 11

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