BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7434

(and the second second			
1	Place of Death Page	Shenandoah, IA	A	Shenandoah Medical Center	
	(County)	(Township, Village or	City)	(Hospital)	
	Full name Fairy M. C	iray			
	Female	4. Color or I			
5.	Single, Married, Widowed or Divorced Widow	wed			
6.	Date of Birth July 16	. 19 24 7. Age	80 Years	9 Months 24	Davs
8.	Occupation				
9.	Birthplace (State or Country) Own Home				
10.					
11.	Birthplace of Father (State or Country)				
12.	Maiden Name of Mother Mila Lawson				
13.	Birthplace of Mother (State or Country) Informant Susan Blaine				Male
14.	Informant Susan Blaine		15. Address	erry Circle, Shenandoan, IA 516	
16.	Date of Death May 10, 2005	, 19			
17.					
	Name of Doctor (or Coroner or Health Officer)				
1 .	Address Shenandoah, IA	CI 1 I I			
19.	Place of Burial or Removal Rose Hill Cemet	ery, Shenandoan, IA	Date of Burial.	5-13-2005	
20.	Undertaker Hackett-Livingston Funeral H	.omeA	ddressShenand	doah, Iowa 51601	

dro an bu	NOTE: Each small aw a diagram, with ped other data as to cried and location of generating the control of the co	These she square represents encil, of each lot, ownership secured grave on lot.	ets to be used on a square foot beginning with from deed recor	Id Reco In the grounds to so of lot surface. Lot No. 1, and us d. These blanks	rd of Preverue data which will be	rious Bure e copied permanently enth foot is indicate each lot. This can the cemetery and a identify grave.	icals in Cemetery Lot Record. d by a heavy line. To male be done in the office from record will be made from	Maide of the control	(t. 0) (1 21 61 (A) 01
	ame of Owner emarks:		Con	vision or Section	Address Um Vau	Grave	Price FULL NAME OF	:e, \$200, ⁰⁰	REMARKS
INDICATE DIRECTION BY N. S. E. OR W.						No.	PAID MAX PAID MAX Rom West la Rom Sour Prial date	Broy 24 2009 enter of g the lot li	the rave.