BURIAL REPORT

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

Burial or Permit No. 8129

1.	Place of Death Mills	Glenwood, IA	Hospice with Heart
	(County)	(Township or City)	(Facility)
2.	Name: Donna Raye Maxine		
3.	Sex:Female	4. Color or Race white	
5.	Single, Married, Widowed or Divorced Married		
6.	Date of Birth <u>09/22/1941</u> 7. Age <u>72</u> Ye	ears <u>4</u> Months <u>26</u> Days	ş
8.	Occupation:Registered Nurse		
9.	Birthplace (State or County) Nebraska City, N	<u>E</u> .	
10.	Name of Father Raymond John Green		
11.	Birthplace of Father		
12.	Maiden Name of Mother:Helen Marie Sears		
13.	Birthplace of Mother		
14. 15.	Informant <u>Charles Maxine</u> 1:	5. Address: 3 Country Club Lane, Shena	ndoah, IA 51601
16.	Date of Death:02/17/2014		<u>.</u>
17.	Name of Doctor (or Coroner or Health Officer) Dr. Jan	et Bumgarner 18. Address Shena	ndoah. Jowa
	Place of Burial or Removal Rose Hill Cemetery		al: 02/21/2014
21.	Undertaker Hackett Livingston Funeral Chapel	22. Address 208 W. Clar	inda Avenue, Shenandoah, Iowa 51601

Name Donna Raye Maxine 8129

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. An imper corresponding to name must be placed on plat to identify grave. Description Owned Dimensions Date Sold Name of Owner 00 Price, \$ Remarks: Grave REMARKS FULL NAME OF DECEASED No.

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

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