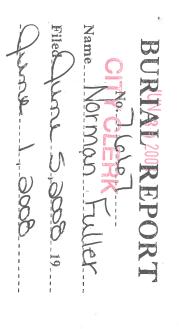
BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7667

1.	Place of Death Page	Shenandoah	Shenandoah Medical Center
	(County)	(Township, Village or City)	(Hospital)
2.	Full name Norman Henry William Full		
3.	Sex Male	4. Color or Race	White
5.	Single, Married, Widowed or Divorced Married		
6.		-, 19 7. Age 87	Years 1 Months 10 Days
8.	Occupation Maintenance		
9.			
10.	Name of Father Henry Fuller		
11.	Birthplace of Father (State or Country)		
12.	Maiden Name of Mother Charlotte Scheiding		
13.	Birthplace of Mother (State or Country)		
14.	Informant Mary Fuller	15.	Address 107 W. Sheridan, Shenandoah, IA 51601
16.	Date of Death June 1, 2008	, 19	
17.			
	Name of Doctor (or Coroner or Health Officer)	Dr. Timothy Fur	
19.	Place of Burial or Removal Rose Hill Cemetery	~ · · · · · · · · · · · · · · · · · · ·	ate of Burial June 5, 2008 , 19
20.	Undertaker Hackett-Livingston Funeral Home	Address	



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

		., g.a.	٠.			ceme	tery ar	nd a re	ecord	will be	nade	e from	n the	lots,	of the	_			1	ed and	d location o		e on lot.		er corr	espond	ding to	name n	nust be	placed on	plat to	
	Des	crip	tion	Ow	ned		4	Addit	tion, S	ub-div	rision	or Se	2) ection	U	J		_ ,]	Bloc	k _	_		-,4	Part of		L ot l	No	15		,	Dimensions	Ft.	
	Na	ne of	f Ow	ner				_1		Λ	/	~	Λ	- NA	ddı	ress							w	_Date	e Sol	d	JU	IIN 3	802	008		
	Rei	nark	s: _) (2)	nl	H	U	ع	V	a	N	y	I											Price	, \$2	40	0	D U	- -Rk		
				H			H	Н	\Box	H	H	H	H	H	H	H	H	H	H	7	Grave No.			FUL	L NA	ME C	F DE	CEAS	SED	00	RE	MARKS
Ł	13																				1/2	of	11	as	n	4	•	Z	U	ÜÜ	h)
																					2					1	1	A /	1			. 1
OR W.																				0	2/	2	m	60	W		07	L	in	eof	27	he
N. S. F.																				X	out	K)	ha	U.	to	-Ce	M	er	of	gle	or	e.
INDICATE DIRECTION BY																				,	5	_		00			11	1	0	1/1	•	1
E DIREC																				d	1	re	m	A	00	M	h	y,	7.	lu	re	10
NDICATI								\blacksquare									Ħ			l	Hy	12	07	2	9/2	Ta	W	C	9			A,
_																				h	7		0 4	7/		1	1			*		8
																				火	211	h	al	O4	al		H	11	u	5,0	20	08
																					10/	1	1	1 1		0		1	_	0	Δ.	
	E														H						XY	21	1-1	1	IN	Un	W	lk.	W	SZ	W	0
														e parado para			-			l	12	1				(1					