## BURIAL REPORT

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

Burial or Permit No. 192

1.	Place of Death: Page (County)	Shenandoah (Township or City)	Gardenview Care Center (Facility)		
	(County)	(Township of City)		(Facility)	
2.	Name:Irene A. Bryte		·		
3.	Sex: Female		White		
5.	Single, Married, Widowed or Divorced:	Widowed			
6.	Date of Birth: October 18, 1918		7. Age92	Years7_Months	22 Days
8.	Occupation: Sales Clerk				
9.	Birthplace (State or County):	Farragut, Iowa			
10.	Name of Father: Henry V	V. Laumann			
11.	Birthplace of Father: Unknow	vn			
12.	Maiden Name of Mother:Minnie	Ebert			
13.	Birthplace of Mother : Unknow	vn			
14.	Informant : Marcia Allely	5. Address:	506 6 <sup>th</sup> Ave Shen	andoah, Iowa 51601	
16.	Date of DeathTuesday, June 9, 20	11 11:34 a.m.			
	-			1.	
	Name of Doctor (or Coroner or Health Of	ficer): Heather Babe, M.D.			
	Address: 1 Jack Foster Drive Shenandoah, Iowa 51601				
	Place of Burial or Removal : Rose Hi	Il Cemetery	_Date of Burial:	Monday, June 13, 2011	
19.	Undertaker: Kirsch Funeral Cha	npelAddress:	405 W.	Thomas Ave. Shenandoal	ı, Iowa 51601

Date of Death SUMIAL REPORTIN 28 2011 Irene A. Bryte 06/09/2011

## **Field Record of Previous Burials**

These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lof 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 blacks 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 Block Dimensions Name of Owner Address Date Sold Remarks: Price, \$ Grave FULL NAME OF DECEASED REMARKS No. 10 INDICATE DIRECTION BY N. S. E. OR W. 5 10 11 12