

BURIAL REPORT

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

Burial or Permit No. 8420 ©

1. Place of Death Page Shenandoah, IA CARE CENTER
(County) (Township or City) (Facility)
 2. Name: Garden view CARE center, Shenandoah, IA 51601
 3. Sex: Female 4. Color or Race Caucasian
 5. Single, Married, Widowed or Divorced Widowed
 6. Date of Birth August 16, 1931 7. Age 86 Years 11 Months 11 Days
 8. Occupation: office personnel Retired 47 yrs Kal May Seed
 9. Birthplace (State or County) Rural Fremont County, Iowa
 10. Name of Father Roy Ambrose Baker
 11. Birthplace of Father N/A
 12. Maiden Name of Mother Amanda Irene (Coffey) Baker
 13. Birthplace of Mother N/A
 14. Informant Diana Kathleen Looper 15. Address 318 F. Grant Ave., Shenandoah, IA 51601
 16. Date of Death: July 27, 2018
- Name of Doctor (or Coroner or Health Officer) Todd Isaacson MD. 1 Jack Foster Dr., Shenandoah, IA 51601
Address _____
- Place of Burial or Removal Rose Hill cemetery Date of Burial: August 4, 2018
19. Undertaker John Patrick Leese Address 405 W. Thomas Ave. Shenandoah, IA 51601

250.00

BURIAL REPORT

No. 8420 ©

Name Mary Margaret Looper

Burial Date August 4, 2018

Date of Death July 27, 2018

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. A number corresponding to name must be placed on plat to identify grave.

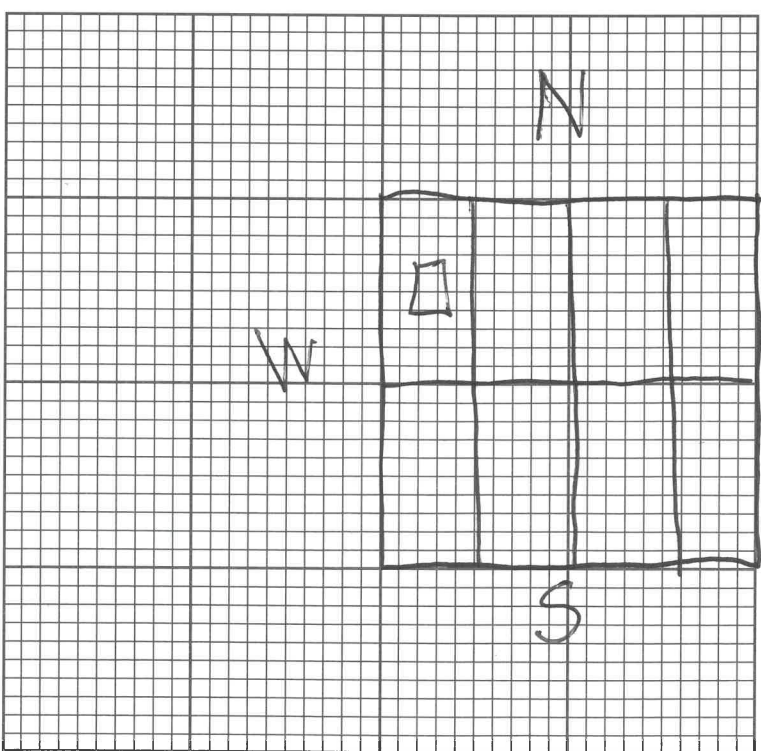
Description Owned Southview, Block 8, N 1/2 Lot No. 1, _____ Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner Looper Address _____ Date Sold _____

Remarks: cremation Price, \$ _____

35

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



Grave No.	FULL NAME OF DECEASED	REMARKS
1	Mary Looper	
2		
3	2' from N lot line	
4	to edge of grave,	
5		
6	2' from W lot line	
7	in N 1/2 to center,	
8	of grave.	
9		
10		
11	Nishna	
12	8/4/18	