

BURIAL REPORT

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

Burial or Permit No. 8207

1. Place of Death Page Shenandoah, Iowa Shenandoah Medical Center
(County) (Township or City) (Facility)
2. Name: Phyllis Marie Mayer
3. Sex: Female 4. Color or Race: White
5. Single, Married, Widowed or Divorced: Married
6. Date of Birth: February 13, 1936 7. Age 79 Years 1 Months 30 Days
8. Occupation: Clerk of Magistrate Court
9. Birthplace (State or County): Shenandoah, Iowa
10. Name of Father: Edward T. Rhoades
11. Birthplace of Father: unknown
12. Maiden Name of Mother: Wilda E. Irvin
13. Birthplace of Mother: Unknown
14. Informant: Charles Mayer 15. Address 106 W. Clarinda Ave. Shenandoah, IA 51601
16. Date of Death: Sunday, April 12, 2015 8:06 p.m.
17. Name of Doctor (or Coroner or Health Officer): Dr. Janet Bumgarner M.D.
Address: 1 Jack Foster Dr. Shenandoah, Iowa 51601
18. Place of Burial or Removal: Rose Hill Cemetery Date of Burial: Thursday, April 16, 2015
19. Undertaker: Kirsch Funeral Chapel Address: 405 W. Thomas Ave. Shenandoah, Iowa 51601

Burial Report

No. 8207

Name: Phyllis Marie Mayer

Burial Date: 04/16/2015

Date of Death: 04/12/2015

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.

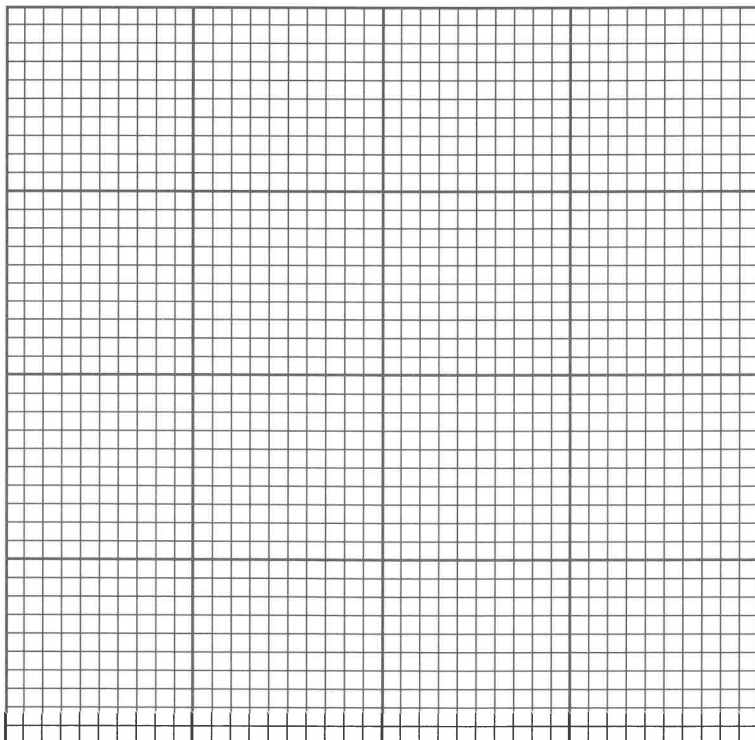
NOTE: Each small square represents a square foot of lot surface. For convenience each tenth foot is indicated by a heavy line. To make a record of previous burials, draw a diagram, with pencil, of each lot, beginning with Lot No. 1, and use a separate sheet for each lot. This can be done in the office 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 South View, Block 8, S 4' 0" W 1/2 No. 24, _____ Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: Cremation Price, \$ 250.00

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



Grave No.	FULL NAME OF DECEASED	REMARKS
1	Phyllis M. Mayer	
2		
3		3' from south lot line of the West half to center of grave.
4		
5		2' from West lot line to edge of grave.
6		
7		
8		
9		Burial date April 16, 2015
10		
11		Hirsch Sev.
12		