

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7516

1. Place of Death Douglas Omaha, NE The Nebraska Medical Center
(County) (Township, Village or City) (Hospital)
 2. Full name Virginia Kathrine DeSart
 3. Sex Female 4. Color or Race White
 5. Single, Married, Widowed or Divorced Married
 6. Date of Birth May 17, 1918, 19 88 7. Age 88 Years 2 Months 22 Days
 8. Occupation Secretary Nursery/Agriculture
 9. Birthplace (State or Country) Shenandoah, Iowa
 10. Name of Father John Dickey Ross, Jr.
 11. Birthplace of Father (State or Country) _____
 12. Maiden Name of Mother Ione Chantry
 13. Birthplace of Mother (State or Country) _____
 14. Informant Newell DeSart 15. Address 202 Southview Blvd. Shenandoah, IA 51601
 16. Date of Death August 8, 2006, 19 _____
 17. _____
- Name of Doctor (or Coroner or Health Officer) Donald Darst, M.D.
 Address The Nebraska Medical Center 4200 Dewey Omaha, NE
19. Place of Burial or Removal Rose Hill Cemetery Date of Burial August 11, 2006 19 _____
 20. Undertaker William D. Selby Address 405 W. Thomas Ave., P.O. Box 526 19 _____
Selby Funeral Chapel Shenandoah, IA 51601

BURIAL REPORT

No. 7516

Name Virginia K. Desart

Filed Aug. 11, 2006

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MAST PARROTT & SONS CO., WATERLOO, IOWA #E832

Field Record of Previous Burials

FORM 35-7

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. Number corresponding to name must be placed on plat to identify grave.

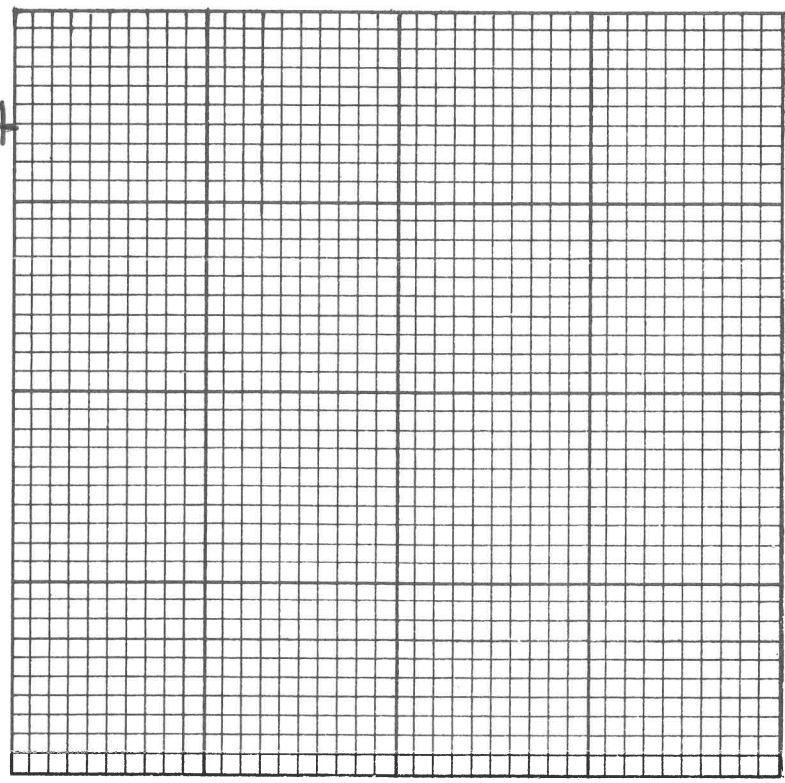
Description Owned South View, Block 8 N40FW/2 Lot No. 49 Ft.

Name of Owner _____ Address _____ Date Sold _____

Remarks: Cremation Price, \$ 200.00

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

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Grave No.	FULL NAME OF DECEASED	REMARKS
1	Virginia K. Desart	
2		
3		2' from North lot line of the West half to Center of grave.
5		
6		2' from West lot line to edge of grave.
7		
8		Burial date Aug. 11, 2006
10		
11		Selby Sew.
12		