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

Burial or Permit No.............7762.............

1. Place of Death___Douglas_____Omaha_____Immanuel Medical Center_____
         (County)   (Township or City)   (Facility)

2. Name: _____Newell C. DeSart_____

3. Sex: _____Male_____ 4. Color or Race_____White_____

5. Single, Married, Widowed or Divorced_____Widowed_____

6. Date of Birth_____March 21, 1919_____ 7. Age ___89___ Years ___10___ Months ___24___ Days

8. Occupation: ___Farmer_____

9. Birthplace (State or County)_____Filmore, Illinois_____

10. Name of Father _____Frank DeSart_____

11. Birthplace of Father _____unknown_____

12. Maiden Name of Mother ___Katie Smith_____

13. Birthplace of Mother _____unknown_____

14. Informant ____Trent Tiemeyer_____ 15. Address __1758 370th Ave. Farragut, IA 51638_____

16. Date of Death: _____10:25 p.m. Saturday, February 14, 2009_____

Name of Doctor (or Coroner or Health Officer) ___John Henry, M.D._____

Address __6901 N. 72nd Street Omaha, NE 68122_____

Place of Burial or Removal _____Rose Hill Cemetery_____ Date of Burial: ___April 29, 2009_____

19. Undertaker _____Kirsch Funeral Chapel __ Address __405 W. Thomas Ave. Shenandoah, Iowa 51601_____

BURIAL REPORT

No. 7763

PAID
NOV 3 2009
CITY CLERK

$ 200 8

Name ___ Newell C. DeSart ___

Burial Date ___ 04/29/2009 ___

Date of Death ___ 02/14/2009 ___

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.
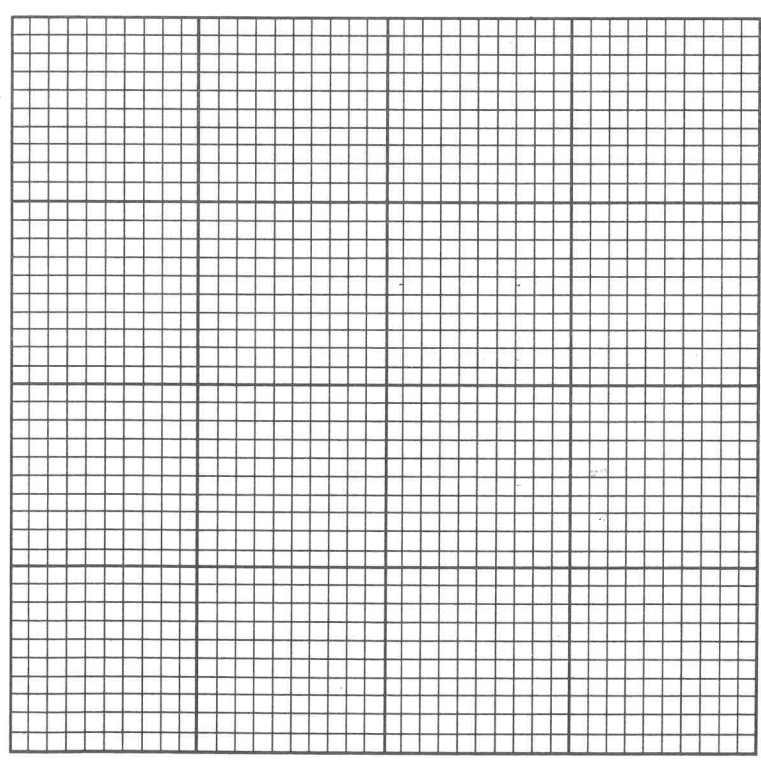
PAID

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.

NOV 3 2009

Description Owned ___ South View ___, Block ___ 8 S4'0FW½ ___ Lot No. ___ 49 ___, ___ Ft.
Addition, Sub-division or Section — *Part of Lot* — *Dimensions*

CITY CLERK

Name of Owner _____ Address _____ Date Sold _____

Remarks: ___ Cremation ___ Price, $ ___ 200.00 ___

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

27

Grave No.	FULL NAME OF DECEASED	REMARKS
1	Newell C. DeSart	
2		
3	2' from South lot line of the West half to center of grave.	
5	2' from West lot line to edge of grave.	
8		
	Burial date April 29, 2009	
10		
11	Hirsch Sev.	
12		