

BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 6968

1. Place of Death Polk Des Moines, Iowa Veterans Medical Center
(County) (Township, Village or City) (Hospital)
2. Full name Wallace Cecil Thorness
3. Sex Male 4. Color or Race White
5. Single, Married, Widowed or Divorced Widowed
6. Date of Birth 07-28-1922, 19 7 7. Age 77 Years 4 Months 16 Days
8. Occupation Owner/Manager Water Conditioning business
9. Birthplace (State or Country) North Dakota
10. Name of Father Otto Thorsness
11. Birthplace of Father (State or Country) _____
12. Maiden Name of Mother Alena Eastlee
13. Birthplace of Mother (State or Country) _____
14. Informant Kristi Hayes 15. Address 77 Schawartz Drive, Ottumwa, IA
16. Date of Death December 14, 19 99 57501
17. _____
- Name of Doctor (or Coroner or Health Officer) _____
- Address _____
19. Place of Burial or Removal Rose Hill Cemetery Date of Burial December 17, 1999
20. Undertaker William D. Selby, Selby Funeral Chapel Address 405 W. Thomas, Shenandoah, IA

BURIAL REPORT

No. *6968*

Name *Wallace C. Thorsness*

Filed *12-17-1999*

◆ MATT PARROTT & SONS CO., WATERLOO, IOWA †E832

Field Record of Previous Burials

FORM 35-7

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.

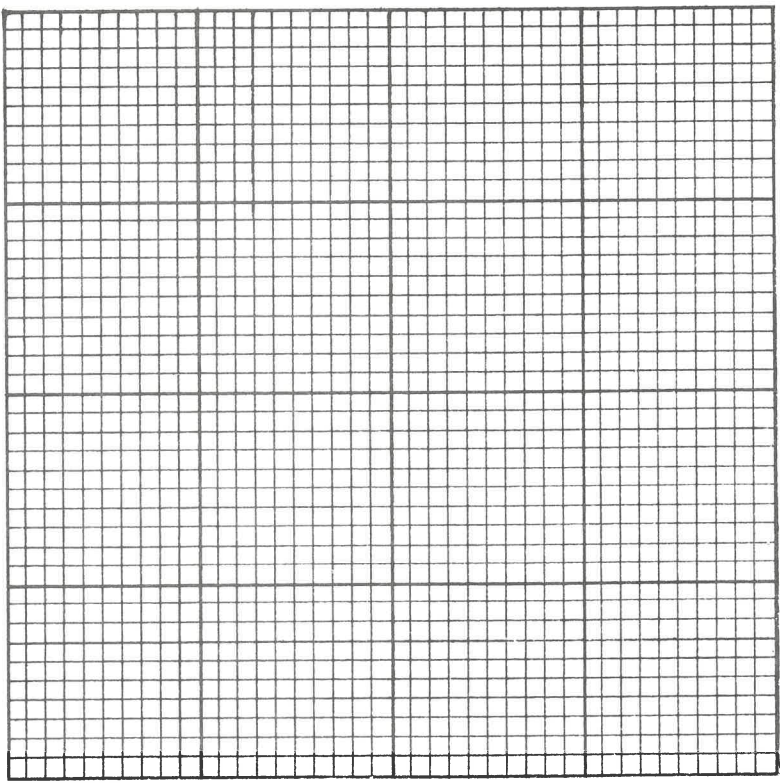
Description Owned *South View*, Block *8*, *E40FN 1/2* Lot No. *84* Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner _____ Address _____ Date Sold _____

Remarks: *Concrete Vault* Price, \$ *215.00*

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

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| Grave No. | FULL NAME OF DECEASED | REMARKS |
|-----------|-----------------------------|--|
| 1 | <i>Wallace C. Thorsness</i> | |
| 2 | | |
| 3 | | |
| 4 | | <i>2' from the East lot line of the North half to Center of grave.</i> |
| 5 | | <i>PAID</i> |
| 6 | | <i>JAN 10 2000</i> |
| 7 | | <i>2' from North lot line to edge of grave.</i> |
| 8 | | |
| 9 | | |
| 10 | | <i>Burial date Dec. 17, 1999</i> |
| 11 | | |
| 12 | | <i>Selby Sev.</i> |