BURIAL REPORT

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

Burial or Permit No....

1.	Place of Death_	Page	Shenandoah	Elm Heights C	Care Center			
	_	(County)	(Township or City)	-	(Facility)			
2.	Name:	Robert Elvin Beach, Sr.				<u>.</u>		
3.	Sex:	male	4. Color or Race	White	-			
5.	Single, Married,	Widowed or Divorced ma	arried					
6.	Date of Birth	010/29/1923	7. Age <u>87</u>	Years	Months	Days		
8.	Occupation:	farmer						
9.	Birthplace (State or County)Norwich, Iowa							
10.	Name of Father	Leon Beach						
11.	Birthplace of Fat	ther						
12.	Maiden Name of	Mother Elsie Yonker						
13.	Birthplace of M	other						
14.	Informant	Helen Loy Beach 15.	Address 2219 H Ave; Shens	andoah, IA		<u>.</u>		
16.	Date of Death:	7/15/2011				<u>.</u>		
17.	Name of Doctor	(or Coroner or Health Officer)	Dr. Don Bumgarner			.		
18.	Address	Shenandoah, IA		<u>.</u> ,	1.			
19.	Place of Burial of	or Removal Rose Hill Cemetery	20. Da	ate of Burial:	July 18, 2011			
21.	Undertaker	Hackett Livingston Funeral Chapel	22. Address 20	8 W. Clarinda Av	enue, Shenandoah, Io	wa 51601		

Date of Death	Burial Date7/18/2011	Name Robert Beach, Sr.	No. 7939	BURIAL REPORT	PAID

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 pincil, 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 division or Section Name of Owner Address Date Sold Remarks: Price, \$ Grave FULL NAME OF DECEASED REMARKS No. INDICATE DIRECTION BY N. S. E. OR W.