BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7387

| 1. | Place of Death Page | ge | Shenandoah, Iowa | | PAID NOV 1 7 2 Shenandoah Medical Center | 004 |
|-----|----------------------------|-------------------------|----------------------------|--|---|------|
| ż | (Co | Juanita L. Lea | (Township, Village or City | ") | (Hospital) | |
| 2. | Full name | | | | | |
| 3. | Sex Female | | 4. Color or Race | white | | |
| 5., | Single, Married, Widowe | ed or Divorced Widowed | | | | |
| 6. | Date of Birth March 23 | | 31 7 Age 73 | Vaart | Manufa | D |
| 8. | Occupation Certified Nurse | es Aide | , 10 1. ngo | I cars | Wionths | Days |
| 9. | Birthplace (State or Cou | Savannah, Missouri | | | Months | |
| 10. | Name of Father Webst | er Burnham | | | | |
| 11. | Birthplace of Father (Sta | ate or Country) | | | | |
| 12. | Maiden Name of Mother | mie Florence Hewitt Bu | rnham | | | |
| 13. | Birthplace of Mother (St | ate or Country) | | | | |
| 14. | Inform Dennis Leach | | 15 | . Address113 E | . Thomas, Shenandoah, Iowa | |
| 16. | Date of DeathNovem | ber 10, 2004 | | | | |
| 17. | | | • | | | |
| | | | | | | |
| | Name of Doctor (or Coro | oner or Health Officer) | Dr. Floyd Jones | | | |
| | Address Shenandoa | h, Iowa | | | | |
| 19. | Place of Burial or Remov | al Rose Hill Cemetery | | | 11-152004 | |
| 20. | | ivingston Funeral Hom | | ess_Shenandoa | | , 18 |
| | | | | 700 7-44 A44 A44 A44 A44 A44 A44 A44 A44 A44 | LAT 22.7.4.7.4.7.4. | |

| : | | d v | | kitus): | A.s. 11.15 | oD to y | A II | com Section | | Filed 11-15-0 | Name Juanita L | BURIAL |
|--------|--|--------------------------------|----------------------------|---------------------------|---------------------|---------------------------|---|--------------------------------|--------------------|--|--|--|
| | | toargC) te | tage p | | Sud Sud Susoi | N. | Adecolo, division manue, division di manue, division di manue, divisione | | C EL PRESIDE | | 15ACH parameter was a subject to make the make t | 9, 13 |
| Ĭ. | NOTE: E | SONS CO., WATER | Loo, low, ‡E8 | 32 page 15 | sed on the ground | ecord | of Previ | copied permanently | CONTINUE OF SECOND | ini fer cultura l'ontrolores, i la fer cultura, i inico i en inigresoria | dagigura Aziden Aziden Latera Latera Latera Aziden | 1 .11 .21 .21 .21 .21 .21 .21 .21 .21 .2 |
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| I N | and other dat puried and loc | a as to owner cation of grave | rship secured e on lot. | from deed number corre | record. These b | olanks will the must be p | parate sneet for ea hen be taken to th | e cemetry and a leavity grave. | record will be ma | de from the lots, | and of previous than the owner's of the names of Dimensions | purials, s name f those |
| I P | nd other date of the other date of the other other of the other other of the other ot | a as to owner cation of grave | rship secured e on lot. | from deed number corre | record. These be | olanks will the must be p | parate sheet for each then be taken to the laced on plat to id | Grave No. | Lot N | o. 10 2 | of the names of Dimensions | s name f those |
| I N | nd other date of the other date of the other other of the other other of the other ot | a as to owner cation of grave | rship secured e on lot. | from deed number corre | record. These be | olanks will the must be p | parate sheet for each then be taken to the laced on plat to id | Grave No. | Lot N | o. 10 2 Date Sold Price, \$ | of the names of Dimensions | _Ft. |