BURIAL REPORT

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

Burial or Permit No. 7785

1.	Place of Death Page	Shenandoah		923 W. Nishna Road				
	(County)	(Township or City)		()	Facility)			
2.	Name: Shelley Marshall							
3.	Sex: Female	4. Color or Race_	White					
5.	Single, Married, Widowed or Divorced	divorced					-	· *
6.	Date of Birth December 12, 1970		7. Age3	8Years	<u>9</u> N	Months	15	_Days
8.	Occupation: Surgical Tech/LPN							
9.	Birthplace (State or County) Dave	nport, IA						
10.	Name of Father Robert Dale Wrigh	<u>1t</u>						
11.	Birthplace of Father <u>unknown</u>						<u> </u>	
12.	Maiden Name of Mother <u>Karen Kay Ke</u>	etcham			-			
13.	Birthplace of Motherunknown							
14.	Informant Robert Wright		_15. Address	1834 State H	vy 2 Shena	andoah, IA	5160	1
16.	Date of Death:Sunday, September 27	, 2009						
	Name of Doctor (or Coroner or Health Office	er)Dennis F. Klein, M.D.			1.			
	Address 2250 S. Ankeny Blvd. Ankeny,	A 50023						
Plac	ce of Burial or Removal Rose Hill Ce	metery	Date of	Burial:	Saturday, C	October 3,	2009	
19.	Undertaker Kirsch Funeral Chapel	Address_	405 W. Thoma	s Ave. Shena	ndoah, Iow	a 51601_		

Date of Death Shelley Wright Marshall 09/27/2009

BURIAL REPORTY CLERK

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 provious 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 Name of Owner Date Sold ddress Price, \$ Remarks: Grave FULL NAME OF DECEASED REMARKS No. 18 2 INDICATE DIRECTION BY N. S. E. OR W. 10 11

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