

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

Burial or Permit No. 8130

1. Place of Death Chaffee Salida Heartland of the Rockies Regional Medical Center  
(County) (Township or City) (Facility)
2. Name: Irma Rose Black
3. Sex: Female 4. Color or Race White
5. Single, Married, Widowed or Divorced \_\_\_\_\_
6. Date of Birth 6/27/1928 7. Age 85 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_
8. Occupation: Antique Dealer
9. Birthplace (State or County) Shenandoah, Iowa
10. Name of Father Perry Tinoell
11. Birthplace of Father \_\_\_\_\_
12. Maiden Name of Mother: Irene (Unknown)
13. Birthplace of Mother \_\_\_\_\_
14. Informant Randy Black 15. Address: 1538 Faraday Circle, Ft. Collins, CO 80525
16. Date of Death: 12/19/2013
17. Name of Doctor (or Coroner or Health Officer) Dr. Wigington 18. Address Salida, CO
19. Place of Burial or Removal Rose Hill Cemetery 20. Date of Burial: 02/26/2014
21. Undertaker Hackett Livingston Funeral Chapel 22. Address 208 W. Clarinda Avenue, Shenandoah, Iowa 51601

# BURIAL REPORT

250.00

No. 8130

Name Irma Rose Black

Burial Date 2/26/2014

Date of Death 12/19/2013

## 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 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.

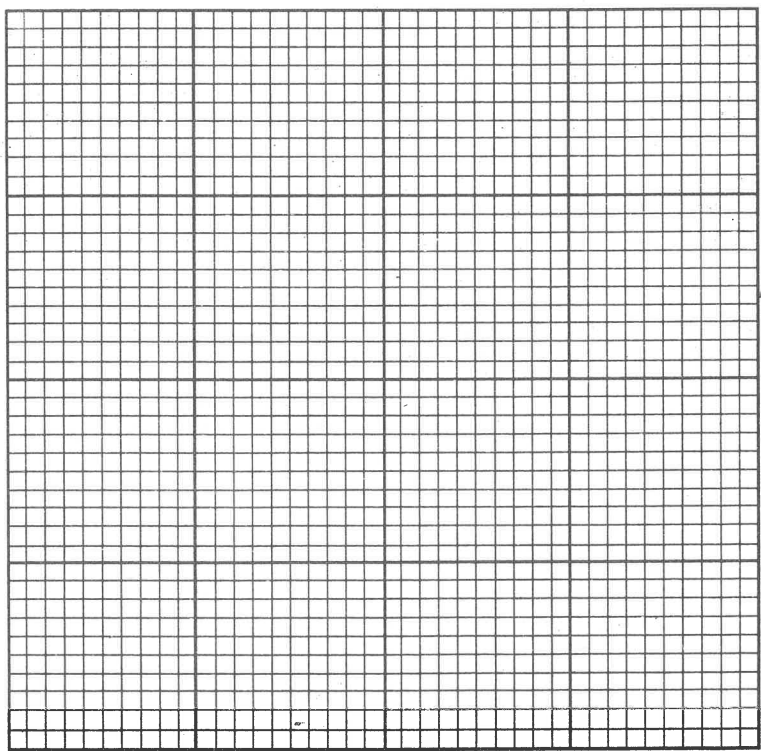
Description Owned Memorial Park, Block 3 N8'FN/2 Lot No. 38, \_\_\_\_\_ Ft.  
Addition, Sub-division of Section Part of Lot Dimensions

Name of Owner \_\_\_\_\_ Address \_\_\_\_\_ Date Sold \_\_\_\_\_

Remarks: Cremation Price, \$ 250.00

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



Grave No.	FULL NAME OF DECEASED	REMARKS
1	<u>Irma R. Black</u>	
2		<u>6' from North lot line of the North half to Center of grave.</u>
3		
4		
5		<u>2'6" from East lot line to edge of grave.</u>
6		
7		
8		
9		<u>Burial date Feb. 26, 2014</u>
10		
11		<u>Hgt. &amp; Livingston Div.</u>
12		