BURIAL REPORT

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

/	
Burial or Permit No	$\bigcirc\bigcirc$

1.	Place of Death	Gutherie	Panora, Iowa		Pa	nora Nursi	ng & Re	ehab Center		
		(County)	(Township or City)			(Facil	ity)			
2.	Name:	Viola Jane Harms								
3.	Sex:	Female	4. Color or	Race	Whit	e				
5.	Single, Married,	Widowed or Divorced	Widowed		la .					
6.	Date of Birth	October 19, 1927		7. Age _	83	Years _	2	Months _	25	Days
8.	Occupation:	Housewife								
9.	Birthplace (State	or County) Athels	ton, Iowa							
10.	Name of Father _	Raymond Treese								
11.	Birthplace of Fath	ner								
		Mother Ruby Rusco								
13.	Birthplace of Mo	ther								
		Karen Norton								
16.	Date of Death: _	January 06, 2011								
17.	Name of Doctor (or Coroner or Health Officer)	Dr. David Ahren	s M.D.						
18.	Address		502 Main Street,	Guthrie Cente	er, Iowa	1.				
19.	Place of Burial of	r RemovalRose Hill Cemetery		_ 20. Date of I	Burial:	Jaı	nuary 11	, 2011		
21.	Undertaker	Hackett Livingston Funeral Chapel	22. Address	208 W. C	Clarinda A	venue, She	nandoal	ı, Iowa 5160	1	

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 pendil, 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 Addition, Sub-division or Section	, Block <u>3</u> \$,8	OFS/2 Lot No. 44	, Ft.
Name of Owner Address _		Date Sold	GLERK
Remarks: Control Vaut		Price, \$ 400.	90
	Grave		

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

No.	FULL NAME OF DECEASED	REMARKS
1	liola A. Harms	
2	11 2 1 2	
63	from South lot line a	lthe
Sout	half to Center of o	mile
5	0 0	
26	from Westlotline	to
eda	Eaf grave.	4
Q	000	
Bi	vial date Jan. 11, 3	011
10		٨
11.	acket & Turngton &	ev.
12		