BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7432

1.	Place of Death Andrew County (County)	Township.	Savan Village of	nah,	MO	Lavern	a Vi		
	Full name James Ernest Steinkamp		1				•	,	
3.	SexMale	_ 4. C	olor or	Race	Caucasian				
5 .	Single, Married, Widowed or Divorced widowed	<u> </u>							
6.	Single, Married, Widowed or Divorced widowed Date of Birth Sept. 8, 1931	9 7	. Age.	73	Years	Mo	nths	26	Dava
8.	Occupation Paint contractor								
9.	Occupation Paint contractor Birthplace (State or Country) Shenandoah, IA								
10.									
11.	Birthplace of Father (State or Country)								
12.		iffey							
13.	Birthplace of Mother (State or Country)								
14.	Birthplace of Mother (State or Country) Informant James S. Steinkamp			15.	Address 1201 W	. Bento	n, S	Savannah,	MO 64485
16.		, 19			=				
17.									
	Name of Doctor (or Coroner or Health Officer) Thomas Alderson, MD Address 1314 No. 36th, St. Joseph, MO 64485								
	Address 1314 No. 36th, St. Joseph,	MO64	485						
19.		<u>-y</u>		Da	te of BurialMa	y 7, 20	0.05		, 19
20.		al Cha	pel A	ddress	405 W. Thom	as, She	enano	doah, IA	51601

FORM 35-7 Price, \$350.

Filed

Name_

◆MATT PARROTT & SONS CO., WATERLOO, 10W/1 ‡E832 **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 blonks 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 lost. A number corresponding to name must be placed on plat to identify grave. Lot No. Description Owned Block Addition, Sub-division or Section Date Sold_ Address Name of Owner Remarks: Grave FULL NAME OF DECEASED REMARKS No. INDICATE DIRECTION BY N. S. E. OR 8 10 11 12