BURIAL REPORT

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

Burial or Permit No....

1.	Place of Death	Douglas	Omaha	VA Medical Center				
		(County)	(Township or Ci	ty) (Facility)				
2.	Name: Gregory Cle	te Jones						
3.	Sex: male	4. Color or Race: C	aucasian					
5.	Single, Married, Widowed, or divorced: <u>Divorced</u>							
6.	Date of Birth 3/2/47 7. Age 74 Years Months Days							
8.	Occupation: Construction Worker							
9.	Birthplace (State or County): Shenandoah, IA							
10.	10. Name of Father: Paul E. Jones, Sr.							
11.	Birthplace of Father:							
12.	Maiden Name of Mother: Evelyn M. Thomas							
13.	Birthplace of Mother:							
14.	Informant: Clete Jones Address: 100 Rodman St., Farragut, IA 51639							
16.	Date of Death: 07/	18/2021						
17.	Name of Doctor (or	Coroner or Health Off	icer): Omaha, NE					
19.	Place of Burial or I	Removal Rose Hill	Cemetery	20. Date of Burial: 8/7/2021				
21.	UndertakerH	ackett Livingston Fune	eral Home					
22.	Address 208	W. Clarinda Ave.	Shenandoah, Iowa 5	1601				

Date of Death: 7/18/2021 Burial Date: _ **BURIAL REPORT** 08/07/202

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.

Identity grave.	11/1/20 -01		52_Lot No	Ft
Description Owned	Addition, Sub-trivision or Section	, Block,	Part of Lot	Dimensions
Name of Owner	Tones	Address	Date Sold	
Traine of Child				

cremation Price, \$ Remarks:

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

Grave No.	FULL NAME OF DECEASED	
1	Gregory Jones	
2	10	
3	2 from Wlot 18	1
4	to edge of gra	L
5		
6	St to center of	1
7	55 to conter of	6
8		
9		
10	11	
11	Hackett	

REMARKS