

\$215

BURIAL REPORT

No. 81697

Name Michael Joseph MAHER

Burial Date 12-03-2022

Date of Death 11-25-2022

1. Place of Death Polk (County) Des Moines Iowa Methodist Medical Center

2. Name: Michael (County) Joseph MAHER

3. Sex: male 4. Color or Race: Caucasian

5. Single, Married, Widowed or Divorced Single

6. Date of Birth 08-11-1959 7. Age _____ Years _____ Months _____ Days

8. Occupation: Professional over the Road Driver

9. Birthplace (State or County) Iowa

10. Name of Father Robert Joseph MAHER

11. Birthplace of Father IA

12. Maiden Name of Mother CATHERINE CLARICE SPORN

13. Birthplace of Mother IA

14. Informant TOM MAHER 15. Address 4057 150th St, Imogene, IA

16. Date of Death: 11-25-2022

Name of Doctor (or Coroner or Health Officer) Dr. Michael Nelson M.D.

Address 1800 Pleasant Street, Des Moines, Iowa 50309

Place of Burial or Removal Rose Hill Cemetery Date of Burial: 12-03-2022

19. Undertaker John P. Leece Address 405 W. Thomas Ave., Sheldahl, IA

Burial or Permit No.

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

BURIAL REPORT

#875.00

Field Record of Previous Burials

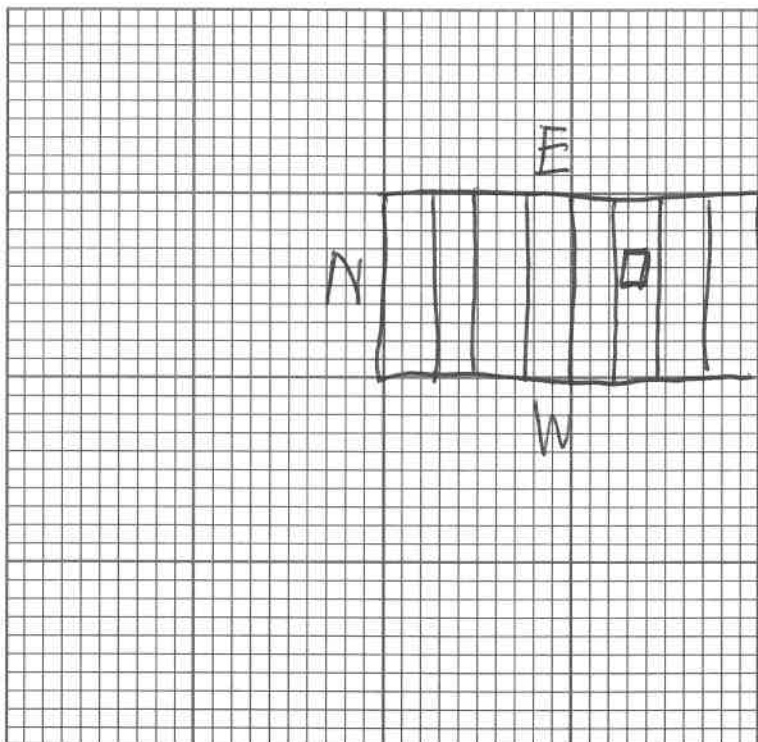
These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record.

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, Block 3, N $\frac{1}{2}$ Lot No. 74, _____ Ft.
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner Robert Maher Address _____ Date Sold 10-2-1972

Remarks: Cremation Price, \$ _____



Grave No.	FULL NAME OF DECEASED	REMARKS
1	Mike Maher	
2		
3	2'6" from E line to	
4	edge of grave	
5		
6	6' from N line in $S\frac{1}{2}$	
7	to center of grave.	
8		
9		
10		
11	Nishna	
12	12-3-22	

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