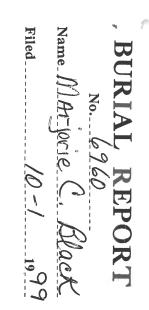
BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 6960

1.	Place of Death Montgomery		Red Oak		Good	Samaritan	Care	Center
	(County)	(Townshi)						
2.	Full name Marjorie	Corde	lia		Black			
3.	Sex Female	4.	Color or Race	White	2			
5.								
6.	Single, Married, Widowed or Divorced Widowed Date of Birth September 3, 1916	19	7. Age 83	Years_		Months	25	Days
8.								
9.	Birthplace (State or Country) Imogene, Iov	<i>v</i> a						
10.	Name of Father Clarence R. Reav	ĹS						
11.	Birthplace of Father (State or Country)							
12.	Maiden Name of Mother Margaret H. Ry	yan						
13.	Birthplace of Mother (State or Country)							
14.	Informant Val Black			Address_200) E. G1	ant Shenai	ndoah	IA 51601
	Date of Death September 28, 1999							
17.								
	Name of Doctor (or Coroner or Health Officer) Michael Mahoney, M.D.							
	Address 1400 Senate St., Red Oal							
19.	Place of Burial or Removal Rose Hill		D	ate of Burial	Octo	ber 1, 19	99	, 19
20.	Undertaker William D. Selby, F.D.							ve .
				_ Shenando	oah, Io	owa 5160	1	



FORM 35-7

CITY CLERK

NOTE: Each small square represents a square draw a diagram, with pencil, of each lot, beginning and other data as to ownership secured from deed buried and location of grave on lot. A number cor	with Lot No. 1, and use a separate sheet for ea I record. These blanks will then be taken to the cresponding to name must be place on plat to id	th foot is indicated by a heavy line. To mo ich lot. This can be done in the office from he cemetery and a record will be made from	the blat and the owners name
Name of Owner	Address	Date	Sold
- CABACHOT.	ANA UN	D _{ri} ,	co \$2/5.

MATT PARROTT & SONS CO., WATERLOO, IOWA \$E832

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

Field Record of Previous Burials

215,00 Remarks: Grave No. FULL NAME OF DECEASED REMARKS 2 9 10 11