BURIAL REPORT

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

| | Burial or Permit No | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| 1. | Place of Death Boone Ogden Accused to the Market State of Death | | | | | | | |
| 2. | Name: Beier Pearl Flizabeth Recurrent Hearthcare of order | | | | | | | |
| 3. | Sex: Female 4. Color or Race Can casion | | | | | | | |
| 5. | Single, Married, Widowed or Divorced divorce | | | | | | | |
| 6. | Date of Birth 08-09-1937 7. Age 82 Years 5 Months 23 Days | | | | | | | |
| 8. | Occupation: Certified Licensed Practical TURSE | | | | | | | |
| 9. | Birthplace (State or County) | | | | | | | |
| 10. | Name of Father Leo Theodore George wegman | | | | | | | |
| 11. | Birthplace of Father (V / F) | | | | | | | |
| 12. | Maiden Name of Mother Sarah Mathilda Schulte | | | | | | | |
| 13. | Birthplace of Mother N/A | | | | | | | |
| 4. | Informant The resa. Mellhenny 15. Address 1430 43 st, Des moines, Ioua | | | | | | | |
| 6. | Date of Death: 02-01-2020 | | | | | | | |
| | | | | | | | | |
| Name of Doctor (or Coroner or Health Officer) DR. Coleb Glave | | | | | | | | |
| | Address 333 W. Walnut St. Ogden, Ioroa | | | | | | | |
| | Place of Burial or Removal Rose Hill Cemetery Date of Burial: Feb. 08-2020 | | | | | | | |
| 9. | Undertaker John P. Leece Address 405 w. Thomas ave. Shemandook IA | | | | | | | |

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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.

| dentily grave. | | Memo | rial. | 2 | , <u>\$2</u> Lot No. 88 | ne must be placed on plat to —————————————————————————————————— |
|----------------|---------------|-------------------|--|--|--|--|
| Name of Ow | ner | Beier | Address | | Δ. | 600 |
| Remarks: | _(0 | nauta | Vault | | Price, \$ | ======================================= |
| | | | | Grave No. | FULL NAME OF DECI | EASED REMARKS |
| | | | | 1 | Pearl 1 | 30165 |
| | | | | 2 | 1 1 | |
| | | | | 3 | 2'6" from | |
| | | N | | 4 | line to edg | e of gave. |
| | | | | 5 | | |
| | Description (| Description Owned | Description Owned Addition, Sub-divise | Description Owned Addition, Sub-division or Section Name of Owner Address | Description Owned Addition, Sub-division or Section Name of Owner Remarks: Address Grave No. 1 2 3 4 | Description Owned Composition Compositi |