BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7610

1.	Place of Death Sarpy	Bellevue, NE	2010 Van Buren St.
	(County)	(Township, Village or City)	(Hospital)
2.	Full name William Michael Sondag		
3.	Sex. Male	4. Color or Race White	
5.	Single, Married, Widowed or Divorced Widowed	<u> </u>	
6.	Date of Birth August 23,		Days
8.	Occupation Captain Retired Air Force		
9.	Birthplace (State or Country) Portsmouth, Jow	<u>a</u>	
10.	Name of Father Theodore Sondag		
11.	Birthplace of Father (State or Country)		
12.	Maiden Name of Mother_Helena Peterson		
13.	Birthplace of Mother (State or Country)		
14.	Informant Stephen M. Sondag	15. Address113	313 Handlebar Rd., Reston, VA 20191
16.	Date of Death September 22, 2007	, 19	
17.			
	Name of Doctor (or Coroner or Health Officer)		··
	Address		/ .
19.	Place of Burial or Removal Rose Hill Cemeter	y, Shenandoah, IA Date of Burial	September 26, 2007 19
20.	Undertaker Hackett-Livingston Funeral Hon	ne Address Shenando	ah, Iowa 51601

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.

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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 burie's, draw a diagram, with pencil, of each lot, beginning with Lot No. 1, and use a separate sheet for each of. 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.

	Ft
Name of Owner Address Date Solds	
Remarks: Condute Box Price, \$400.00	_

Grave FULL NAME OF DECEASED REMARKS

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