## **BURIAL REPORT**

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

Burial or Permit No.

1.	Place of Death	Pottawattamie	Council Bluffs, IA		
		(County)	(Township or City)	(Facility)	
2.	Name: Nora Faye L	oye - Putnam		_	
3.	Sex: Female		4. Color or l	RaceWhite	
5.	Single, Married, Wi	dowed or Divorced: Divo	orced	4	
6.	Date of Birth 01/05	5/1933 7. Age <u>82</u>	YearsMonthsDays		
8.	Occupation: Bus Driver				
9.	Birthplace (State or County) Alex, OK .				
10.	0. Name of Father Buren Murphy				
11.	Birthplace of Father				
12.	Maiden Name of Mother: <u>Stella Lancaster</u>				
13.	B. Birthplace of Mother				
14.	4. Informant Rita Smith 15. Address: 10415 Hansen Ave. Omaha, NE 68124				
16.	Date of Death:				
17.	. Name of Doctor (or Coroner or Health Officer) <u>Dr. Gary DeVoss</u> 18. Address <u>Council Bluffs, IA</u>				
19.	Place of Burial or F	Removal Rose I	Hill Cemetery	_ 20. Date of Burial: _09/19/2015	
21.	Undertaker Hackett Livingston Funeral Home				
22.	Address 208 W. Clarinda Ave, Shenandoah, Iowa 51601				

Date of Death 09/15/2015 Burial Date 09/19/2015

## 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 sheft 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

Addition Sub-Rivinion of Socials.

Recorded

Place of the sub-Rivinion of Socials.

Recorded

Date Sold Address Name of Owner Price, \$ Remarks: Grave FULL NAME OF DECEASED No.

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

REMARKS 10