## BURIAL REPORT

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

Burial or Permit No. 7859

Place of Death	Douglas	Omaha, Nebi	maha, Nebraska			Nebraska Methodist Hospital			
		(Township or City)			(Facility)				
Name: Anita C	Charlene Reed								
Sex: Female	;	4. Color or Race:		White					
Single, Married, V	Widowed or Divorced: _	Widowed							
Date of Birth:	September 18, 1935		7. Age	74	_Years _	11	Months _	24	Days
Occupation:	Laborer for nursurie	es .							
Birthplace (State	or County):	Atchison Cor	unty, Miss	ouri					
Name of Father: _	Charles N	McLaughlin							
Birthplace of Fath	er: Unknown	ì							
Maiden Name of M	Mother: Mary Eve	elyn Scoles							_
Birthplace of Mot	her:Unknown	1							
Informant :	Jack Reed	5. Address_	1309 9	th Ave. P	lace SE A	ltoona, Iov	va 50009		
Date of Death:	Saturday, September	11, 2010							
Name of Doctor (c	or Coroner or Health Offi	icer): Patrick Meye	ers, M.D.						
Address:	8552 Cass Street #30	01 Omaha, Nebraska 6811	14						
Place of Burial or	Removal : Rose Hill	Cemetery		Date of E	Burial:	Tuesday	, September	14, 2010	
Undertaker:	Kirsch Funeral Char	el A	.ddress:		405 W. T	Thomas Av	ve. Shenando	ah, Iowa	51601
	Name:Anita ( Sex:Female Single, Married, V Date of Birth: Occupation: Birthplace (State Name of Father: _ Birthplace of Fath Maiden Name of N Birthplace of Mot Informant : Date of Death:  Name of Doctor (c) Address: Place of Burial or	(County)  Name: Anita Charlene Reed  Sex: Female  Single, Married, Widowed or Divorced: Date of Birth: September 18, 1935  Occupation: Laborer for nursurie  Birthplace (State or County): Name of Father: Charles N  Birthplace of Father: Unknown  Maiden Name of Mother: Mary Eve  Birthplace of Mother: Unknown  Informant: Jack Reed  Date of Death: Saturday, September  Name of Doctor (or Coroner or Health Office Address:8552 Cass Street #30  Place of Burial or Removal:Rose Hill	Name: Anita Charlene Reed  Sex: Female 4. Color or Race: Single, Married, Widowed or Divorced: Widowed  Date of Birth: September 18, 1935  Occupation: Laborer for nursuries  Birthplace (State or County): Atchison Consumer of Father: Unknown  Maiden Name of Mother: Mary Evelyn Scoles  Birthplace of Mother: Unknown  Informant: Jack Reed 5. Address  Date of Death: Saturday, September 11, 2010  Name of Doctor (or Coroner or Health Officer): Patrick Meyer Address: 8552 Cass Street #301 Omaha, Nebraska 6811	(County) (Township or City)  Name:Anita Charlene Reed  Sex:Female	Name: Anita Charlene Reed  Sex: Female	Name: Anita Charlene Reed  Sex: Female	Name: Anita Charlene Reed  Sex: Female	County   County   County   County   Care   Care   County   Care   Care   County   Care   Car	(County) (Township or City) (Facility)  Name: Anita Charlene Reed  Sex: Female

**Field Record of Previous Burials** These sheets to be used on the grounds to secure data which will be copied-permanently in Geneticity.

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, often arms 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-division or Section

The section of the lots in the conversion of previous burials, draw a diagram, with pencil, of each 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

Dimensions These sheets to be used on the grounds to secure data which will be copied permanently in Cemetery Lot Record. Name of Owner Address Date Sold Remarks: Price, \$ Grave FULL NAME OF DECEASED REMARKS No. INDICATE DIRECTION BY N. S. E. OR W. 10 11 12

Date of Death 09/14/2010

BURIAL REPORT Y CLERY



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