## **BURIAL REPORT**

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

Burial or Permit No.

1.	1. Place of Death Page (County)	Shenandoah, IA (Township or City)	Shenandoah Medical Center (Facility)					
2.	2. Name: Mary L. (Long) McNeil	ly						
3.	3. Sex: Female	4. Col	or or Race White					
5.	5. Single, Married, Widowed or Div	orced_Widowed	i					
6.	Date of Birth 11/17/1917 7. Age 96 Years 11 Months 30 Days							
8.	8. Occupation: Secretary							
9.	9. Birthplace (State or County) Sher	nandoah, Iowa	<u>.</u>					
10.	Orville Daniel Ford							
11.	Birthplace of Father							
12.	. Maiden Name of Mother: <u>Josie Annis</u>							
13.	. Birthplace of Mother							
14.	Informant Roberta "Bobbi" Wehrmann 15. Address: 21784 Laura St. Gretna, NE 68028							
16.	16. Date of Death:11	/16/2014	SANO PERSONAL INCIDENT PROPERTY.					
17.	Name of Doctor (or Coroner or Health Officer) <u>Dr. William Weeks</u> 18. Address <u>Omaha, NE</u>							
19.	19. Place of Burial or Removal	Rose Hill Cemetery	20. Date of Burial:11/19/2014					
21.	21. Undertaker <u>Hackett Livings</u>	ston Funeral Home						
22.	22. Address 208 W. Clarinda A	ve, Shenandoah, Iowa 5160	<u>1</u>					

Date of Death 11/16/2014 Name: Mary L McNeilly **BURIAL REPORT** 11/19/2014

## **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

blar ider	ch lot, beginning with Lot No. 1, and us nks will then be taken to the cemeter, ntify grave.  escription Owned	e a separate sheet for each lot. This can be don y and a record will be made from the lot of the Addition, Sub-division or Section	e in the office from the plat and the enames of those buried and location, Block	owner's name and other data as to ownership second grave on lot. It number corresponding to has a second se	cured from deed record. These ame must be placed on plat to be placed. Ft.
	ame of Owner	POTE BOX	ress	Date Sold	<u> </u>
Re	emarks:	mu Reje	Gra	Price, \$ 4	
32			N. N.	HULL NAME OF DEC	Mc///

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