BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7458

1	Place of Death	Shenandoah, IA				Garden View Care Center			
	(County)	Mary Iona Hactia)	(Hospital)				
2.	Full name		lastic						
3.	Sex	4 Colo	r or Race		white				
5.	Sex Female Single, Married, Widowed or Divorced Widowed Date of Bir Ctober 17, Occupation Laborer - Seed & Nursery Co.		. 01 1000						
6.	Date of Birth October 17,	19 23 7	Age	82	Vears	0	Months	14	Days
8.	Occupation Laborer - Seed & Nursery Co.	-, 10	7		_ I Cars.				Days
9.	Birthplace (State or Country) Barnard, Misson	iri	,						
10.	Birthplace (State or Country) Barnard, Misson Name of Father Milton Frank Burchett								
11.	Birthplace of Father (State or Country)								
12.	Maiden Name of Mother Della S. Jackson								
13.	Birthplace of Mother (State or Country)								
14.	Informant Mary Joan Taylor		15	. Add	lress	808 Sou	ith Ave., Shei	nandoah,	IA 51601
16.	Date of Death November 1, 2005		14						
17.									
	Name of Doctor (or Coroner or Health Officer)	Dr. Timo	thy Furs	a, M.	D.				
	Address Shenandoah, IA								
19.	Place of Burial or Removal Rose Hill Cemeter	y, Shenandoah	, IA	Date o	of Burial	11-4-20	005		10
20.	Undertaker Hackett-Livingston Funeral Ho	me	Addre		Shena	ndoah, I	owa 51601		, 19

\$350,00

MATT PARROTT & SONS CO., WATERLOO, 10W/L \$E832

Field Record of Previous Burials

FORM 35-7

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, 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 plat and the owner's name buried and location of grave on loss A number corresponding to name must be placed on plat to identify grave.

Description Owned

Addition, Sub-division or Section

Block 4 N

No. 10

Dimensions

Name of Owner_

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

Remarks: Converte 9

Address_

Date Sold

Price, \$350°

Grave No.	FULL NAME OF DECEASED	REMARKS
1	Mary J. Hastie	
2	/ PAID NOV 22 200	5
3	from north lot line of	fthe
1/1	The half to Center of of	aveo
5		1
2	6 from East lot lin	eto
je,	de of grave.	
8	O PO	
B	wrial date Nov. 4,2	.005
10	11100	0
11	ackell + Livington x	EU.
12		