BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 7555

1.	Place of Death Cheyenne	Sidney, Nebraska	Golden Living Center	
	(County)	(Township, Village or City)	(Hospital)	
2.	Full name Robert Melvin Kels		ite	
3.	Sex	4. Color or Race	ne	
5.	Single, Married, Widowed or Divorced			
6.	Date of Birth July 7	, 19_23 7. Age 83 Y	Years 5 Months 21	Days
8.	Occupation_Refrigeration Engineer			
9.	Birthplace (State or Country) Cameron, Mis	ssouri		
10.	Name of Father_Herbert_Clement Kelsey			
11.	Birthplace of Father (State or Country)			
12.	Maiden Name of Mother Addie Ross			
13.	Bit diplace of Mother (blace of Country)			
14.	Informant Kent Kelsey	15. Address	s 1206 Alvarado Court, Sidney, NI	E 69162
16.	Date of Death December 28, 2006	, 19		
17.				
	Name of Doctor (or Coroner or Health Officer) Dr. Ackerson, MD			
	Address Sidney, Nebraska			
19.	Place of Burial or Removal Rose Hill Cemetery, Shenandoah, IA Date of Burial 01-05-2007 19			, 19
20.	Undertaker Hackett-Livingston Funeral H	Iome Address Sh	enandoah, Iowa 51601	

Name_

MATT PARROTT & SONS CO., WATERLOO, 10WA \$ 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, 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, of the names of those buried and location of grave on lot. A number corresponding to nath mass be placed on plat to identify grave. S 2 Lot No. 5

Block

Description Owned

Name of Owner

Address

Part of Lot

Date Sold

Price, \$350.

Remarks: Grave FULL NAME OF DECEASED REMARKS No. 2 INDICATE DIRECTION BY N. S. E. OR 5