

# BURIAL REPORT

## From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 6964

1. Place of Death \_\_\_\_\_ Clarinda \_\_\_\_\_ Goldenrod Manor \_\_\_\_\_  
(County) (Township, Village or City) (Hospital)
2. Full name, \_\_\_\_\_ Effie May Fithen \_\_\_\_\_
3. Sex \_\_\_\_\_ Female \_\_\_\_\_ 4. Color or Race \_\_\_\_\_ White \_\_\_\_\_
5. Single, Married, Widowed or Divorced \_\_\_\_\_ Never Married \_\_\_\_\_
6. Date of Birth \_\_\_\_\_ December 1, 1948 \_\_\_\_\_, 19 \_\_\_\_\_ 7. Age \_\_\_\_\_ 50 \_\_\_\_\_ Years \_\_\_\_\_ 11 \_\_\_\_\_ Months \_\_\_\_\_ 26 \_\_\_\_\_ Days \_\_\_\_\_
8. Occupation \_\_\_\_\_ Never Worked \_\_\_\_\_
9. Birthplace (State or Country) \_\_\_\_\_ Shenandoah, Iowa \_\_\_\_\_
10. Name of Father \_\_\_\_\_ John W. Fithen \_\_\_\_\_
11. Birthplace of Father (State or Country) \_\_\_\_\_
12. Maiden Name of Mother \_\_\_\_\_ Gladys F. Benedict \_\_\_\_\_
13. Birthplace of Mother (State or Country) \_\_\_\_\_
14. Informant \_\_\_\_\_ John W. Fithen \_\_\_\_\_ 15. Address \_\_\_\_\_ 903 W. Summit Ave. Shenandoah \_\_\_\_\_
16. Date of Death \_\_\_\_\_ November 26, 1999 \_\_\_\_\_, 19 \_\_\_\_\_
17. \_\_\_\_\_

Name of Doctor (or Coroner or Health Officer) Dr. William Richardson, M.D.  
Address 216 W. Division St., Clarinda, IA 51632

19. Place of Burial or Removal Rose Hill Cemetery Date of Burial November 30, 1999, 19\_\_
20. Undertaker Hackett-Livingston Funeral Home Address Shenandoah, Iowa 51601

# BURIAL REPORT

No. 6964

Name Effie May Fithen

Filed 11-30 1999

HATT PARROTT & SONS CO., WATERLOO, IOWA 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 name must be place on plat to identify grave.

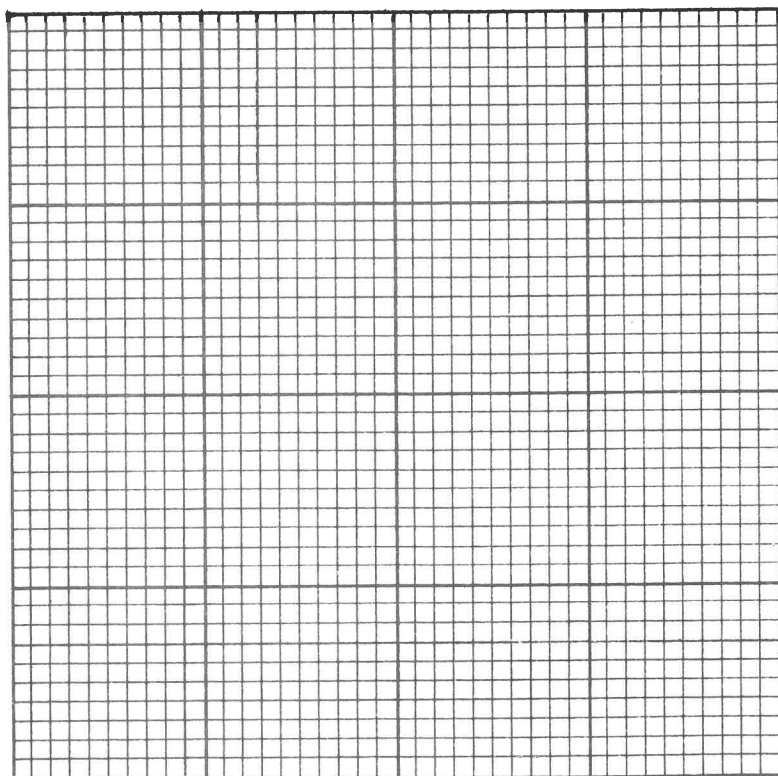
Description Owned Memorial Park, Block 4, N40FS2 Lot No. 62, 62 Ft.  
Addition, Sub-division or Section Part of Lot Dimensions

Name of Owner \_\_\_\_\_ Address \_\_\_\_\_ Date Sold \_\_\_\_\_

Remarks: concrete vault Price, \$ 215.00

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

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Grave No.	FULL NAME OF DECEASED	REMARKS
1	Effie M. Fithen	
2		
3	2' from the North lot line	
4	of the South half to center	
5	of grave.	
6		
7	2'6" from the East lot line	
8	to edge of grave.	
9		
10	Burial date Nov. 30, 1999	
11	pd 215.00 11-29-99	
12	Hackett & Livingston Sec.	