BURIAL REPORT

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

Burial or Permit No.

1.	Place of Death Page Signature (County)	henandoah, IA (Township or City)		Medical Center (Facility)
2.	· •			
3.	Sex: Male	4. Color	or Race	White
5.	Single, Married, Widowed or Divorced Married	1		¥
6.	Date of Birth <u>07/26/1943</u> 7. Age <u>71</u>	YearsMonths	Days	
8.	. Occupation: Prison Guard			
9.	. Birthplace (State or County) <u>Detroit, Michigan</u>	1	•	
10.	0. Name of FatherJames Joseph Newcomb)		
11.	1. Birthplace of Father	Management of the property of the Company of the Co		
12.	2. Maiden Name of Mother: <u>Margaret Priebe</u>			
13.	3. Birthplace of Mother			
14.	4. Informant Barbara Shaw Newcomb 15. A	.ddress: 1002 Harris	on St. Shenar	
16.	6. Date of Death:			-
17.	7. Name of Doctor (or Coroner or Health Officer)	Dr. Jonathan Thom	pson 18.	Address Ankeny, IA
19.	9. Place of Burial or Removal Rose Hill	Cemetery	20.	Date of Burial: <u>01/17/2015</u>
21.	Undertaker Hackett Livingston Funeral H	ome		
22.	2. Address 208 W. Clarinda Ave, Sh	enandoah, Iowa 516	01	

Burial Date 1/17/2015 Name: Paul D. Newcomb

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 the 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 express the provider from dood record.

	identify grave.		m	rd will be made fro	(P, H)		B-	grave on lot. A number corresponding	_	
	Description	on Owned	Addition	n, Sub-division o	Section	_ , Block	,	Part of Lot No	Dimensions	Ft.
	Name of Owner Address _					S	Date Sold			_
	Remarks:	Oter	mallo	\sim				Price, \$	150.	
11							Grave No.	FULL NAME O		REMARKS
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