BURIAL REPORT

From Sexton to Secretary of Cemetery

(TO BE RECORDED IN CEMETERY RECORD)

Burial or Permit No. 6998

1.	Place of Death Page	Shenandoah (Township, Village or City)			Garden View Care Center				
	(County)				(Hospital)				
2.	Full name Dr. Donald Ward Lewis								
3.	SexMale	4. Color	or Race_		White				
5.	Single, Married, Widowed or Divorced	**IGOWEG							
6.	Date of Birth January 31, 1912	, 19 7. A	.ge88	3Yea	rs	2Months	10	Days	
8.	OccupationDentist								
9.	Birthplace (State or Country) Shenand	oah, lowa							
10.	Name of Father Leroy Ward Lewis								
11.	Birthplace of Father (State or Country)								
12.	Maiden Name of Mother Grace Padmo	ore 							
13.	Birthplace of Mother (State or Country)								
14.	InformantCarol Bonwell		15.	Address	110 W.	Thomas Ave.	Shenandoah,	IA	
16.	Date of Death April 10, 2000	, 19							
17.									
	Name of Doctor (or Coroner or Health Officer) Dr. Floyd A. Jones, D.O.								
	Address 1 Jack Foster Dr., Shena	-(
19.	Place of Burial or Removal Rose Hill Co		D	ate of Bur	ial	April 13, 20	000	, 19	
20.	Undertaker Hackett-Livingston Fur	neral Home	Address	sS	henando	ah, Iowa 5160	1		

ROTT & SONS CO., WATERLOO, 10W. \$ 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.

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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 we 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

Addition, Sub-division or Section

Part of Lot

Dimensions

Addition, Sub-division or Section

Name of Owner

Address.

Date Sold

INDICATE DIRECTION BY N. S. E.

cremation

Price, \$54.00

emars.	
	Grave FULL NAME OF DECEASED REMARKS
	1 Dr. Donald W. Lewis
	2
	3 5 from the north lot line
	3 5 from the North lot line 4 of the East half to Center
	5 of grave.
	6
	7 I from the West lot line to 8 edge of grave. PAID
	8 edge of grave. PAID
	9 APR 1 4 2000
	10 Burial date april 13, 2000
	11 1/4 0 1 1 1 0 0 1
	12 Hackett Livingston Sev.