LOT AND PAGE NO. 109

Kekoskee Cemetery Record.

Sect. C

Name of Purchaser ..... John Backsuber

~~Address of Purchaser~~ ..... Edward Grabow

Date of Purchase ..... Am't. Rec'd $.....

LCT
Part Lot Resold to ..EDWARD GRABOW.....

Date Resold ..... Am't. Rec'd $.....

Reason for Reselling.....

.....

Application for perpetual fund ~~place~~ paid by Hulda Gartzick

To whom made ..... Am't. Asked $.....

Date Received .. April 22-1937 Am't. Rec'd $ 100.00

Donation Perpetual Fund

Date Received..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Henry Grabow		1874	1876	2
Edward W Grabow		1866	1921	55
Paulina Grabow	died at Waupun	Oct 11 1842	Aug 9th 1931	88
Edward F Grabow		1835	1918	83
Elsie Patrick		Apr 5-1882	Apr 5-1882	0
Bessie Patrick		Sept 6-1885	Sept 6-1885	0
Ray Patrick		Nov 26-1887	Nov 26-1887	0
Flora Patrick		Sept 27-1880	July 13-1882	2

CLERK TREASURER DIRECTOR

Date record filed.. .....19....

REMARKS:.....

South West Quarter

LOT AND PAGE NO. ... 28 ...

Sect. A

Kekoskee Cemetery Record.

Name of Purchaser ... Martin Bauer ...

Address of Purchaser ... Lomira ...

Date of Purchase ... Aug. 6-1947 ... Am't. Rec'd $ ...

LOT
Part Lot Resold to ...

Date Resold ... Am't. Rec'd $ ...

Reason for Reselling ...

...

Application for perpetual fund made ... 19...

To whom made ... Am't. Asked $ ...

Date Received ... Am't. Rec'd $ ...

From Robert Wutham ?

Donation Perpetual Fund
Date Received ... Aug. 6-1947 ... Am't. Rec'd $ 25.00

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Mrs Anna Bauer	Lomira	1870	Aug 8. 1947	77
Martin Bauer	Lomira	Dec 13-1874	Apr 9-1956	81

CLERK ... TREASURER ... DIRECTOR

Date record filed .. ... 19...

REMARKS: ...

LOT AND PAGE NO.... 17a

Kekoskee Cemetery Record.

Sect. D

Name of Purchaser..... Emil Beckers.....

Address of Purchaser..... ....

Date of Purchase..... ..... Am't. Rec'd $.....

LOT
Part Lot Resold to ....

Date Resold .... Am't. Rec'd $.....

Reason for Reselling..... ....

.....

Application for perpetual fund made..... ....19....

To whom made .... Am't. Asked $.....

Date Received .. .. Am't. Rec'd $.....

Donation Perpetual Fund
Date Received..... .... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Emil Beckers		4-24-1879	Aug 6-1913	34
Ella Becker		1886	1970	84
Robert O. Becker		1875	May 28, 1957	82

....
CLERK TREASURER DIRECTOR

Date record filed.. .....19....

REMARKS:.....

.....

.....

LOT AND PAGE NO. 14a

Kekoskee Cemetery Record.

Sect D

Name of Purchaser Wm. Becker

Address of Purchaser

Date of Purchase Am't. Rec'd $

LOT
Part Lot Resold to

Date Resold Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made 19

To whom made Am't. Asked $

Date Received Am't. Rec'd $

Donation Perpetual Fund
Date Received Am't. Rec'd $

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Caroline Mrs Wm Becker		1838	Apr. 5 - 1916	77
Infant boy - John Fredon Emmrn		Apr 18 1946	Apr 19 1946	Still Born
William Wm Becker		1844	Sept 15 - 1923	79

CLERK TREASURER DIRECTOR

Date record filed 19

REMARKS:

LOT AND PAGE NO. 95 H

Kekoskee Cemetery Record.

sect. C

Name of Purchaser Henry Beer

Address of Purchaser Hoicon

Date of Purchase July 1 - 1937 Am't. Rec'd $ 35.00

LOT
Part Lot Resold to

Date Resold Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made July 30 1937

To whom made Ed Huber County Judge Am't. Asked $ 50.00

Date Received June 30 - 1934 for after death Am't. Rec'd $ 50.00

Donation Perpetual Fund
Date Received Am't. Rec'd $

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Henry Beer	Hoicon	10/18/1858	July 4 - 1937	73
Emielie Mrs Henry Beer	Williamstown	10/4/1861	Dec 22-1933	72

CLERK TREASURER DIRECTOR

Date record filed 19

REMARKS:

LOT AND PAGE NO. 145-W

Kekoskee Cemetery Record.

Sect. D
Buried on
Plot 46A S½

Name of Purchaser Reinold Beer

Address of Purchaser Mayville, Wis.

Date of Purchase April 16th 1964 Am't. Rec'd $ 50.00

LOT
Part Lot Resold to Brown Ledger shows S. Half of 45A (shows Hugo Kummerow)

Date Resold N. Half of 45A (shows Leslie Feller) Am't. Rec'd $

Reason for Reselling Indenture slip shows S½ of 132H to Reinold Beer April 16, 1964

Application for perpetual fund made 50.00/100 19 64

To whom made Am't. Asked $

Date Received Am't. Rec'd $

Donation Perpetual Fund

Date Received Am't. Rec'd $

RECORD OF BURIALS.

	NAME	Where From	Date of Birth	Date of Burial	Age
	Martha Marie Beer	Juneau	1898	April 9	68
	ALFRED O. BEER		1887	2-28-76	88
	Lorna Beer	Mayville	3/11/1938	9-11-98	60
WW II	Reinhold William Beer		6-30-1930	Dec. 9, 1982	52

CLERK TREASURER DIRECTOR

Date record filed ..... 19....

REMARKS:

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
Division of Health
DOH-5045 (REV. 12/92)
(Computer Generated Form)

REPORT FOR FINAL DISPOSITION OF A HUMAN CORPSE

(Out of State Burial - Transit Permit)

Type or Print in Permanent Black Ink

STATE OF WISCONSIN
CHAP.69, WIS. STATS.

1. NAME OF DECEASED (First, Full Middle, Last)			2. SEX	3. RACE	4. AGE
Lorna	Ann	Beer	☐M ☒F	White	60

5. COUNTY OF DEATH	6. CITY, VILLAGE, TOWNSHIP	7. DATE & TIME PRONOUNCED DEAD: (Month, Day, Year)	Hour:	Min.:
Dodge	Mayville	Sept. 11, 1998	1320	M

8. PLACE OF DEATH (If in Hospital)	9. OTHER PLACE	10. NURSING HOME License Number	NOTE: If hospice death occurred in a bed at a facility, place of death is "other". If at home, place is "residence".
☐Inpat. ☐DOA from NH ☐DOA from Other ☐Outpat. ☐ER from NH ☐ER from Other	☒N.H. ☐Other ☐Res. of Deceased	3193	

11a. NAME OF INSTITUTION OR HOSPICE AND CAMPUS	11b. COMPLETE MAILING ADDRESS
Mayville Nursing & Rehabilitation	305 S. Clark Street, Mayville, WI 53050

12. PERSON PRONOUNCING DEATH (Must be a physcian, Coroner/M.E., or Deputy) CHECK ONE: ☒Physician ☐Coroner ☐Dep. Cor. ☐M.E. ☐Dep. M.E.

NAME Michael Bachhuber, M.D. MAILING ADDRESS 410 Short St., Mayville, WI 53050

13a. DID DEATH REQUIRE NOTIFICATION OF CORONER/MEDICAL EXAMINER?	13b. IF YES, COUNTY OF INCIDENT	NOTE: For reportable deaths see list below plus check with the county coroner/medical examiner. For reportable cases, notification must occur before release & embalming of body.
☐Yes ☒No		

14. NAME OF MEDICAL CERTIFIER (If physician, must have Wisconsin license)	15. MAILING ADDRESS
Michael Bachhuber, M.D. 14990	410 Short St., Mayville, WI 53050

16. CAUSE OF DEATH (Heart disease, Cancer, Accident, Suicide, etc.) (Must be Complete for Out of State Transit)

17. DATE & TIME FUNERAL DIRECTOR NOTIFIED (Month, Day, Year)	Hour	18. EXPECTED TYPE OF DISPOSITION	19. EXPECTED DATE OF DISPOSITION (Month, Day, Year)
September 11, 1998	1330 M	☐Scientific Use ☒Burial ☐Cremation ☐Entombment ☐Unknown	September 14, 1998

20. EXPECTED PLACE OF DISPOSITION (Name of Cemetery or Crematory)	21. CITY, VILL., TOWN	22. COUNTY	23. STATE
Kekoskee Cemetery	Kekoskee	Dodge	WI

24a. FUNERAL DIRECTOR'S NAME (Or Name of Family Member)	24b. MAILING ADDRESS
Russ Koepsell	301 N. Walnut St., Mayville, WI 53050

25a. FUNERAL DIRECTOR'S SIGNATURE (Or Signature of Family Member)	25b. DATE SIGNED (Month, Day, Year)
Russ Koepsell	September 12, 1998

NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH: This Report for Final Disposition of a Stillbirth is **not** to be filed with the local registrar.

☐ Stillbirth 20 weeks or more gestation or 350 grams or more: The hospital or person designated by the parent must file a Fetal Death Report with the local Registrar.
☐ Stillbirth less than 20 weeks gestation and less than 350 grams: No Fetal Death Report to be filed.

NOTE TO FUNERAL DIRS.

The filing of this Report with the Coroner/Medical examiner does not constitute official notification required under s. 979.01.

Within 24 hours of notification of the death, forward this report to the local registrar and a copy to the coroner/medical examiner of jurisdiction. If the case is reportable under the conditions listed below, the Report must be sent to the coroner/medical examiner, in the county in which the reportable incident occurred. If there is an injury or unknown cause of death reported on the certificate, the coroner/medical examiner or deputy must sign the death certificate.

CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:

☐ (1) Homicides and suicides.
☐ (2) Deaths following accidents, even if the injury is not the cause of death. (Example: hip fractures in the elderly)
☐ (3) Deaths due to poisoning.
☐ (4) Deaths following abortion.
☐ (5) Deaths with unexplained, unusual or suspicious circumstances. (Sudden infant deaths and other circumstances as interpreted by the coroner/medical examiner are included here)
☐ (6) Deaths involving motor vehicles, snowmobiles, all-terrain vehicles and boats
☐ (7) Deaths with no physician or accredited spiritual healer in attendance 30 days preceding death
☐ (8) When, after reasonable efforts, the physician cannot be obtained or will not sign, or cannot sign the death record in time or in an emergency situation as determined by the coroner/Medical Examiner

For Funeral Director's Use:

The original Report for Final Disposition is to be filed with the local registrar.

Other copies to:
☐ Coroner/M.E.
☐ Sexton or Out of State transit
☐ Funeral Director's Copy

2 pages

87H

~~6FA~~ Sect B

LOT AND PAGE NO. .....

Public Square 87H and F

Kekoskee Cemetery Record.

Name of Purchaser .... OTTO AND EDNA BELLING

Address of Purchaser 120 N 16TH AVE WEST BEND WIS 53095

Date of Purchase ..... OCT 25, 1975 ..... Am't. Rec'd $ 75.00

LOT —

Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $ .....

Reason for Reselling .....

.....

Application for perpetual fund made ... OCT 25 1975

To whom made KEKOSKEE CEMETARY ASSN ..... Am't. Asked $ 75.00

Date Received .. OCT 25, 1975 ..... Am't. Rec'd $ 75.00

Donation Perpetual Fund

Date Received ..... Am't. Rec'd $ .....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Otto Adolph Belling			Mar. 31, 1984	75
EDNA A. BELLING			OCT 27, 2011	94

..... CLERK Loulen M Jung TREASURER ..... DIRECTOR

Date record filed .... OCT 27 1975

REMARKS: .....

2 pages

South ½ 87 H North ½ 87 F

LOT AND PAGE NO. ##### .....

Kekoskee Cemetery Record.

sect B
Public Square

Name of Purchaser Otto and Edna Belling

Address of Purchaser West Bend Wis

Date of Purchase 10-25-75 Am't. Rec'd $ 75.00

LOT
Part Lot Resold to

Date Resold Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made 10-25 19 75

To whom made L.M. Griep Am't. Asked $75.00

Date Received 10-25-75 Am't. Rec'd $ 75.00

Donation Perpetual Fund
Date Received Am't. Rec'd $

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Otto Adolph Belling			Mar. 31, 1984	75

CLERK TREASURER DIRECTOR

Date record filed 19

REMARKS:

LOT AND PAGE NO. N½ of N½ of Lot 63A 4' X 12' Sect. D Plot 68A N 1/4 10 ft E. E. into walkway

Kekoskee Cemetery Record.

Name of Purchaser Mary Ellen Langenhorst Benjamin

Address of Purchaser 1016 Nakomis # 20, Albugerque, New Mexico 87112

Date of Purchase August 7, 1991 Am't. Rec'd $ 75.00

LOT
Part Lot Resold to

Date Resold Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made August 3, 1991

To whom made LaVern M. Griep Am't. Asked $ 75.00

Date Received Am't. Rec'd $

Donation Perpetual Fund
Date Received Am't. Rec'd $

RECORD OF BURIALS.

NAME	Where From	Date of Death	Date of Burial	Age
MARY Benjamin	City of Berlin	12-17-1912	11-17-99	86

LaVern M. Griep
CLERK TREASURER DIRECTOR

Date record filed August 14 19 91

REMARKS: Lot price $75.00, Perpetual Care $75.00, Total Due $150.00
Paid 8/24/91 Check no 699

DEPARTMENT OF HEALTH & FAMILY SERVICES
Division of Health
DOH 5045 (Rev. 09/96)

REPORT FOR FINAL DISPOSITION OF A HUMAN CORPSE

(Out of State Burial - Transit Permit)
Type or Print in Permanent Black Ink

STATE OF WISCONSIN
Wis. Stats. Chap. 69

1. NAME OF DECEASED (First, Full Middle, Last)	2. SEX	3. RACE	4. AGE
MARY ELLEN BENJAMIN	☐ M ☒ F	WHITE	86

5. COUNTY OF DEATH	6. CITY, VILLAGE, TOWNSHIP	7. DATE & TIME PRONOUNCED DEAD (Month, Day, Year)	Hour: Min
GREEN LAKE	CITY OF BERLIN	NOV. 14,1999	7;30 P M

8. PLACE OF DEATH (if in Hospital)	9. OTHER PLACE	10. NURSING HOME License Number	NOTE: If hospice death occurred in a bed at a facility, place of death is "other". If at home, place is "residence"
☐ Inpat. ☐ DOA from NH ☐ DOA from Other ☐ Outpat. ☐ ER from NH ☐ ER from Other	☒ N.H. ☐ Other ☐ Res. of Deceased	1102	

11a. NAME OF INSTITUTION OR HOSPICE AND CAMPUS	11b. COMPLETE MAILING ADDRESS
JULIETTE MANOR NURSING HOME	169 EAST HURON STREET BERLIN,WISCONSIN 54923

12. PERSON PRONOUNCING DEATH (Must be a physician, Coroner/M.E., or Deputy) CHECK ONE: ☐ Physician ☐ Coroner ☒ Dep. Cor. ☐ M.E. ☐ Dep M.E.

NAME BONNIE JUSTMANN CHAON MAILING ADDRESS N 7899 FOREST RIDGE ROAD BERLIN,WIS. 54923

13a. DID DEATH REQUIRE NOTIFICATION OF CORONER/MEDICAL EXAMINER?	13b. IF YES, COUNTY OF INCIDENT	NOTE: For reportable deaths see list below plus check with the county coroner/medical examiner. For reportable cases, notification must occur before release & embalming of body
☒ Yes ☐ No	GREEN LAKE	

14. NAME OF MEDICAL CERTIFIER (If physician, must have Wisconsin license)	15. MAILING ADDRESS
BONNIE JUSTMANN CHAON	N 7899 FOREST RIDGE ROAD BERLIN,WIS. 54923

16. CAUSE OF DEATH (Heart disease, Cancer, Accident, Suicide, etc.) (Must be Complete for Out of State Transit)

17. DATE & TIME FUNERAL DIRECTOR NOTIFIED (Month, Day, Year)	Hour	18. EXPECTED TYPE OF DISPOSITION	19. EXPECTED DATE OF DISPOSITION (Month, Day, Year)
NOV. 14,1999	7;45 P M	☐ Scientific Use ☒ Burial ☐ Cremation ☐ Entombment ☐ Unknown	NOVEMBER 17,1999

20. EXPECTED PLACE OF DISPOSITION (Name of Cemetery or Crematory)	21. CITY, VILL., TOWN	22. COUNTY	23. STATE
KEKOSKEE CEMETERY	VILLAGE OF KEKOSKEE	DODGE	WISCONSIN

24a. FUNERAL DIRECTOR'S NAME (Or Name of Family Member)	24b. MAILING ADDRESS
JOHN R. WIECKI FUNERAL HOME	116 S. ADAMS AVE. BERLIN,WISCONSIN 54923

25a. FUNERAL DIRECTOR'S SIGNATURE (Or Signature of Family Member)		25b. DATE SIGNED (Month, Day, Year)
John E. Skipchak	JOHN E. SKIPCHAK F.D.	NOVEMBER 15,1999

NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH: This Report is **not** to be filed with the local registrar.

- ☐ Stillbirth 20 weeks or more gestation or 350 grams or more: The hospital or person designated by the parent must file a Fetal Death Report
- ☐ Stillbirth less than 20 weeks gestation and less than 350 grams: No Fetal Death Report to be filed.

NOTE TO FUNERAL DIRS.

The filing of this report with the Coroner/Medical Examiner does not constitute official notification required under s. 979.01.
Within 24 hours of notification of the death, forward this report to the local registrar and a copy to the coroner/medical examiner of jurisdiction. If the case is reportable under the conditions listed below, the Report must be sent to the coroner/medical examiner in the county in which the reportable incident occurred. If there is an injury or unknown cause of death reported on the certificate, the coroner/medical examiner or deputy must sign the death certificate.

CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:

- ☐ (1) Homicides and suicides
- ☒ (2) Deaths following accidents, even if the injury is not the cause of death. (Example: hip fractures in the elderly)
- ☐ (3) Deaths due to poisoning.
- ☐ (4) Deaths following abortion.
- ☐ (5) Deaths with unexplained, unusual or suspicious circumstances. (Sudden infant deaths and other circumstances as interpreted by the coroner/medical examiner are included here)
- ☐ (6) Deaths involving motor vehicles, snowmobiles, all-terrain vehicles and boats
- ☐ (7) Deaths with no physician or accredited spiritual healer in attendance 30 days preceding death
- ☐ (8) When, after reasonable efforts, the physician cannot be obtained or will not sign, or cannot sign the death record in time or in an emergency situation as determined by the coroner/medical examiner

Filing this Report (within 24 hours of notification of death) with the appropriate local registrar and coroner/medical examiner is required under s. 69.18(3). Failure to file this Report is punishable by a fine of up to $1,000. or up to 90 days imprisonment

For Funeral Director's Use:

The original Report for Final Disposition is to be filed with the local registrar.

Other copies to:
- ☐ Coroner/M.E.
- ☒ Sexton or Out of State Transit
- ☐ Funeral Director's copy

LOT AND PAGE NO. 40

Sect B

Kekoskee Cemetery Record.

Name of Purchaser ..... Geo. Bennett .....

Address of Purchaser .....

Date of Purchase ..... Am't. Rec'd $.....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $.....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made ..... Am't. Asked $.....

Date Received ..... Am't. Rec'd $.....

Donation Perpetual Fund
Date Received ..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Mrs Geo Bennett				
Geo Bennett			1918	
Frank Bennett				
Maria Bennett		May 15 1856	Sept 15-1865	9

CLERK TREASURER DIRECTOR

Date record filed .. ..19....

REMARKS: .....

LOT AND PAGE NO. 118

Kekoskee Cemetery Record.

Sect C

Name of Purchaser ..... Frank Berg .....

Address of Purchaser .....

Date of Purchase ..... Am't. Rec'd $.....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $.....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made ..... Am't. Asked $.....

Date Received ..... Am't. Rec'd $.....

Donation Perpetual Fund
Date Received ..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Civil War Wm Berg		Oct 22-1836	Mar 29-1911	74
Carolina Berg		Mar 22-1836	May 18-1904	68
Infant of F. & G Berg			June 19-1906	

CLERK TREASURER DIRECTOR

Date record filed .. .. 19....

REMARKS: .....

LOT AND PAGE NO. 24

Kekoskee Cemetery Record.

sect A

Name of Purchaser ..... Aug. Bergman (Bergemann

Address of Purchaser .....

Date of Purchase ..... Am't. Rec'd $.....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $.....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made ..... Am't. Asked $.....

Date Received ..... Am't. Rec'd $.....

Donation Perpetual Fund
Date Received ..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Aug Bergman		Aug 1- 1854	June 18- 1881	25
J Shaun Bergman		Mar 11- 1819	Apr 23- 1883	64
Mrs J. Bergman	Johanna	Nov 17- 813	Dec 7- 1899	86
Caroline Luck			Oct 4 1880	56
Edward Bergeman			Feb 15 1880	5 mo

CLERK TREASURER DIRECTOR

Date record filed .....19....

REMARKS: .....

LOT AND PAGE NO. 125

Kekoskee Cemetery Record.

Sect. C

Name of Purchaser ..... Heinrich Bennett

Address of Purchaser .....

Date of Purchase ..... Am't. Rec'd $ .....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $ .....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made ..... Am't. Asked $ .....

Date Received ..... Am't. Rec'd $ .....

Donation Perpetual Fund
Date Received ..... Am't. Rec'd $ .....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Heinrich Bennett			Oct 11-1879	11 mo
Frederica Hopke		July 22 1825	Feb 15 1882	56
Frederick				

CLERK TREASURER DIRECTOR

Date record filed ..... 19....

REMARKS: .....

FILE COPY

Kekoskee Cemetery Record.

Lot No. 70

Name of Purchaser: ROGER & CINDY BISCHOFF SECTION B

Address of Purchaser: 37 VALLEY ST. RT. 2 MAYVILLE, WI 53050

Phone: 920-387-5101

Lot: 12
Single- (4' X 8') Price $250.00 (Double – (8' X 12') Price $450.00

(Lot prices include perpetual care)

Date of Purchase JAN. 2005 Amount: $450.00
PAID 3/3/06 CHECK 5443

Lot resold:
Part lot resold to _____

Date Resold _____ Am't Rec'd _____

Reason for Reselling _____

RECORD OF BURIALS

Name	Where from	Date of Birth	Date of Burial	Age

Lloyd Lenhart
CLERK

Ron Wild
TREASURER

Date record filed 1-17-06

REMARKS _____

4-6 ft Lot 49 W 6ft
Lot no 1341 6ft
So 4ft Rd #50A 4/16ft

LOT AND PAGE NO. 50 A

Kekoskee Cemetery Record.

Sect. C

Name of Purchaser ... Mrs Herman Bleifuss

Address of Purchaser ... R3 Manville ... Wis

Date of Purchase ... Sept 7-1945 ... Am't. Rec'd $ 30.00

LOT
Part Lot Resold to ...

Date Resold ... Am't. Rec'd $ ...

Reason for Reselling ...

...

Application for perpetual fund made ... 19...

To whom made ... Am't. Asked $ ...

Date Received ... Am't. Rec'd $ ...

Donation Perpetual Fund
Date Received ... Mar 28-1946 Am't. Rec'd $ 100.00

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Anna Marie Herman Bleifuss	Beaver Dam	Mar 28-1879	Died Feb 8-1945 Buried Feb 11 1945	76
Herman Bleifuss	DeKoskee	Apr 1-1878	Died Sept 7-1945 Buried Sept 10-1945	67

CLERK ... TREASURER ... DIRECTOR

Date record filed ... 19...

REMARKS: ...

LOT AND PAGE NO. 94

Kekoskee Cemetery Record.

Sect. B

Name of Purchaser Gottlieb Bluemel

Address of Purchaser Blumel

Date of Purchase ..... Am't. Rec'd $ .....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $ .....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made ..... Am't. Asked $ .....

Date Received ..... Am't. Rec'd $ .....

Donation Perpetual Fund
Date Received ..... Am't. Rec'd $ .....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Gottlieb Bluemel		June 25-1820	Nov 23-1901	81
Dorothea Bluemel		Apr 23-1821	Sept 11-1908	87

..... CLERK ..... TREASURER ..... DIRECTOR

Date record filed .....19....

REMARKS: .....

LOT AND PAGE NO. 6a

Sect D

Kekoskee Cemetery Record.

Name of Purchaser Aug. Boeck

Address of Purchaser

Date of Purchase Am't. Rec'd $

LOT

Part Lot Resold to

Date Resold Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made 19....

To whom made Am't. Asked $ 7.

Date Received Am't. Rec'd $

Donation Perpetual Fund

Date Received Jan. 13 - 1950 by H Boeck for my lot estate Am't. Rec'd $ 17.

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Aug Boeck	August	9-4-1836	Aug. 8, 1909	72
Mathilda Boeck		6-9-1842	Dec 5, 1912	70
Herman Boeck	Fond du Lac	1864	Dec 26-1948	84

CLERK TREASURER DIRECTOR

Date record filed 19....

REMARKS:

Form No. 221—2-46—50M

BUREAU OF VITAL STATISTICS — WISCONSIN STATE BOARD OF HEALTH

BURIAL---TRANSIT PERMIT

Full name of deceased Herman Boeck — Death due to quarantinable disease* No (Yes or No)

Place of death Fond du Lac (Township, Village or City) Fond du Lac (County) Wis. (State)

Date of death 12-25 1948 Color W Sex M. Age 84

Method of disposal Burial (Whether burial, cremation, transportation, storage, etc.) Kekoskee, Wis. (Cemetery or Crematory)

County Dodge State Wisconsin

A certificate of death having been filed as required by the laws of this State, permission is hereby given to Lester A. Mead (Funeral Director or person acting as such) Address Mayville, Wis.

to dispose of body of said deceased as above stated.

Signature D. A. Parish M. D. (Registrar)

Date 12-28 1948 District Mayville (Town, Village or City) County Dodge

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on 12-29 1948 in Kekoskee (State whether cremated, buried, stored, etc.) (Cemetery or Crematory)

located at Kekoskee Signature (Sexton or person in charge)

SEE OTHER SIDE

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no sexton) and

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

LOT AND PAGE NO. 133

Kekoskee Cemetery Record.

Sect. C

Name of Purchaser ..... Aug. Bonack .....

Address of Purchaser ..... ( ) .....

Date of Purchase ..... Am't. Rec'd $.....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $.....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made ..... Am't. Asked $.....

Date Received ..... Dec 26 1945 Am't. Rec'd $ 100.00
W. Beck Trust

Donation Perpetual Fund
Date Received ..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Nora Bonack	Maynard	Jan 24 1895	May 5. 1950	55
Adela Bonack	"	1899	1919	20
August Bonack	"	1859	1919	60
Louisa Bonack	"	1860	1905	
	"			
Lillie Bonack	"	1897	1897	

CLERK TREASURER DIRECTOR

Date record filed ..... 19....

REMARKS: .....

Perpetual Care

LOT AND PAGE NO. 19

Kekoskee Cemetery Record.

Sect. A

Name of Purchaser Carl Chas. Bonack

Address of Purchaser

Date of Purchase Am't. Rec'd $

LOT
Part Lot Resold to

Date Resold Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made 1926

To whom made Estate Am't. Asked $ 100.00

Date Received 5/23/24 Am't. Rec'd $ 100.00

Donation Perpetual Fund
Date Received Am't. Rec'd $

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Names on Stone				
Meta Meta Bonack		Jan 20 1899	Jan 6-1900	1
Carl Chas Bonack	Maynier	Oct 23 1862	Nov 19-1926	64
Mary Marie Bonack	"	1864	July 28-1942	78

CLERK TREASURER DIRECTOR

Date record filed 19

REMARKS:

LOT AND PAGE NO. 124

Kekoskee Cemetery Record.

Sect C

Name of Purchaser ..... F. Bonack .....

Address of Purchaser .....

Date of Purchase ..... Am't. Rec'd $.....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $.....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made Estate ..... Am't. Asked $ 100.00

Date Received 8-23-30 Am't. Rec'd $ 100.00

Donation Perpetual Fund

Date Received ..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Reinhold Bonack	1	May 25-1881	Dec 7-1907	26
Gottfried	2			
Fredrick Bonack	4 Kekoskee	May 9, 850	April 4 1930	80
Emeilie Mrs Fred Bonack	3	12/8/1851	Nov 19 1929	76
Wm. Bonack			June 28 1880	3
Lydia Bonack			July 2 1880	4
Anna Bonack			July 10 1880	16 mo

CLERK TREASURER DIRECTOR

Date record filed .....19....

REMARKS: .....

LOT AND PAGE NO. ********

Kekoskee Cemetery Record.

South ½
Lot 60 A
Sect. C
Plot Map 104H

Name of Purchaser ....Gilbert Bonack.....

Address of Purchaser RR 1 Mayville, Wi. 53050 .....

Date of Purchase.....July 27, 1980..... Am't. Rec'd $ 150.00.....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $ .....

Reason for Reselling.....

.....

Application for perpetual fund made July 27 .....19 80

To whom made ....LaVern M. Griep ..... Am't. Asked $...150.00.....

Date Received .....Aug. 26, 1980..... Am't. Rec'd $....150.00....

Donation Perpetual Fund
Date Received..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
WWII Gilbert Bonack	Mayville	1920	02-16-01	81

LaVern M. Griep
CLERK TREASURER DIRECTOR

Date record filed.. July 27.....1980..

REMARKS: Lot South ½ of 60 A size 8' wide X 12' long
Paid in full by Check # 2581

DEPARTMENT OF HEALTH & FAMILY SERVICES
Division of Health
DOH-5045 (Rev.9/96)
(Computer Generated Form)

REPORT FOR FINAL DISPOSITION OF A HUMAN CORPSE

(Out of State Burial - Transit Permit)
Type of Print in Permanent Black Ink

STATE OF WISCONSIN
Wis. Stats. Chap. 69

1. NAME OF DECEASED (First, Full Middle, Last)	2. SEX	3. RACE	4. AGE
Gilbert Arno Bonack	[X] M [ ] F	White	81

5. COUNTY OF DEATH	6. CITY, VILLAGE, TOWNSHIP	7. DATE & TIME PRONOUNCED DEAD: (Month, Day, Year)	Hour:	Min:
Dodge	Beaver Dam	02/13/2001	0817	M

8. PLACE OF DEATH (If in Hospital)	9. OTHER PLACE	10. NURSING HOME License Number	NOTE: If hospice death occurred in a bed at a facility, place of death is "other". If at home, place is "residence".
[X] Inpat. [ ] DOA from NH [ ] DOA from Other [ ] Outpat. [ ] ER from NH [ ] ER from Other	[ ] N.H. [ ] Other [ ] Res. of Deceased		

11a. NAME OF INSTITUTION OR HOSPICE AND CAMPUS	11B. COMPLETE MAILING ADDRESS
Beaver Dam Community Hospital	707 S. University Ave. Beaver Dam, WI 53916

12. PERSON PRONOUNCING DEATH (Must be a physician, Coroner/M.E. or Deputy) CHECK ONE. [X] Physician [ ] Coroner [ ] Dep. Cor. [ ] M.E. [ ] Dep. M.E.

NAME Ramone Pajarillo MAILING ADDRESS 610 Washington Street, Horicon, WI 53032

13a. DID DEATH REQUIRE NOTIFICATION OF CORONER/MEDICAL EXAMINER?	13b. IF YES, COUNTY OF INCIDENT	NOTE: For reportable deaths see list below plus check with the county coroner/medical examiner. For reportable cases, notification must occur before release & embalming of body.
[X] Yes [ ] No	Dodge	

14. NAME OF MEDICAL CERTIFIER (If physician, must have Wisconsin license)	15. MAILING ADDRESS
Ramone Pajarillo	610 Washington Street, Horicon, WI 53032

16. CAUSE OF DEATH (Heart disease, Cancer, Accident, Suicide, etc.) (Must be Complete for Out of State Transit)

17. DATE & TIME FUNERAL DIRECTOR NOTIFIED (Month, Day, Year)	Hour	18. EXPECTED TYPE OF DISPOSITION	19. EXPECTED DATE OF DISPOSITION (Month, Day, Year)
02/13/2001	0830 M	[ ] Scientific Use [X] Burial [ ] Cremation [ ] Entombment [ ] Unknown	02/16/2001

20. EXPECTED PLACE OF DISPOSITION (Name of Cemetery or Crematory)	21. CITY, VILL., TOWN	22. COUNTY	23. STATE
Kekoskee Cemetery	Kekoskee	Dodge	WI

24a. FUNERAL DIRECTOR'S NAME (Or Name of Family Member)	24b. MAILING ADDRESS
Russ Koepsell	301 N. Walnut St., Mayville WI 53050-

25a. FUNERAL DIRECTOR'S SIGNATURE (Or Signature of Family Member)	25b. DATE SIGNED (Month, Day, Year)
Russ Koepsell	2-13-01

NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH: This Report is not to be filed with the local registrar

LOT AND PAGE NO. 73

Kekoskee Cemetery Record.

Sect B

Name of Purchaser ..... Gottfried Bonack

Address of Purchaser .....

Date of Purchase ..... Am't. Rec'd $.....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $ .....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made ..... Am't. Asked $.....

Date Received ..... Am't. Rec'd $.....

Donation Perpetual Fund
Date Received ..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Ferdinand Bonack		Oct 26-1866	Jan 9-1878	11
Louise Bonack		Jan 16-1825	July 24-1904	79
Civil war Gottfried Bonack		Aug 18-1824	Sept 12-1905	81

CLERK ..... TREASURER ..... DIRECTOR .....

Date record filed .. ..19....

REMARKS: .....

LOT AND PAGE NO. 42

Kekoskee Cemetery Record.

Sect B

Name of Purchaser ~~M. Hudson~~

Address of Purchaser

Date of Purchase Am't. Rec'd $

LOT
Part Lot Resold to Herbert Bonack

Date Resold Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made 19....

To whom made Am't. Asked $

Date Received Am't. Rec'd $

Donation Perpetual Fund
Date Received June 8th 1940 Am't. Rec'd $ 100.00

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Ella Mrs Herbert Bonack	Florence Iowa	1890	May 9 1924	34
Herbert Bonack	Maynette	Oct 7-1887	May 23-1949	61
Ida (Mrs) Herbert Bonack	"	1888	[illegible], 1960	72
Florence Bonack	Maynette	1922	Sep 4 1924	2

CLERK TREASURER DIRECTOR

Date record filed 19....

REMARKS:

LOT AND PAGE NO. 72

Kekoskee Cemetery Record.

Sect. B

Name of Purchaser ..... Wm. Bruack .....

Address of Purchaser .....

Date of Purchase ..... Am't. Rec'd $ .....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $ .....

Reason for Reselling .....

.....

Application for perpetual fund made ..... June 7 ..... 19 26

To whom made County Judge Dodge Co ..... Am't. Asked $ 100.00

Date Received ..... Sept 18-1926 ..... Am't. Rec'd $ 100.00

Donation Perpetual Fund
Date Received ..... Am't. Rec'd $ .....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Tidyman, Clarence			Aug 17-1923	2
Wm Bruack		July 16 1852	Aug 8 1926	47
Bertha Bruack		Jan 31-1858	Feb 20-1925	67

CLERK ..... TREASURER ..... DIRECTOR .....

Date record filed ..... 19 ....

REMARKS: .....

Kekoskee Cemetery Record.

Lot and Page No. 54 S 1/2
SECTION B

Name of Purchaser: WENDY BOSCH

Address of Purchaser: N9655 ROCKVALE RD, MAYVILLE WI. 53050

Phone : 920-387-2258

Lot:
Single- (4' X 12) Price $250.00 Double – (8' X 12') Price $450.00
(Lot prices include perpetual care)

Date of Purchase 2-20-07 Amount Rec'd —

Lot resold:
Part lot resold to _____

Date Resold _____ Am't Rec'd _____

Reason for Reselling _____

RECORD OF BURIALS

Name	Where from	Date of Birth	Date of Burial	Age

CLERK TREASURER

Date record filed 2-20-07

REMARKS LOT RECEIVED AS GIFT FROM FATHER KENNETH BRUMMOND PER NOTE OF 2-20-07

Feb 20-07

Kenneth Brummond

Keboshee Cemetery

Please ~~transfer~~ my lot to 54 South ½ to Wendy Bosch

Don Brummond



Support Our Troops

LOT AND PAGE NO. 61

Kekoskee Cemetery Record.

Sect B

Name of Purchaser ..... Gottlieb Bosin .....

Address of Purchaser .....

Date of Purchase ..... Am't. Rec'd $.....

LOT
Part Lot Resold to Chas Bosin

Date Resold ..... Am't. Rec'd $.....

Reason for Reselling ..... 189 5th St Fond du Lac Wis.

.....

Application for perpetual fund made ..... 19....

To whom made Chas Bosin Am't. Asked $ 100.00

Date Received June 5 1954 Am't. Rec'd $ 100.00

Donation Perpetual Fund

Date Received ..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Gottlieb Bosin		Sept 22-1831	July 2-1891	60
Mrs Mary Bosin		7-6-1835	Mar 12-1920	84
Bertha Mrs Chas Bosin	Fond du Lac Wis	1874	June 19-1931	63
Chas Bosin	" "	July 15-1868	Apr 17-1953	84
Catharine Lindeman		Feb 8-1808	Mar 15-1878	70
Infant		—	—	—
Bertha Bosin		Sept 2-1895	Dec 8-1895	3 mo.
Emil A Bosin	Fond du Lac	1901	April 28-1945	44

CLERK TREASURER DIRECTOR

Date record filed .....,19....

REMARKS: .....

LOT AND PAGE NO. 95

Kekoskee Cemetery Record.

Sect B

Name of Purchaser ..... Ludwig Brosius .....

Address of Purchaser .....

Date of Purchase ..... Am't. Rec'd $.....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $.....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made ..... Am't. Asked $.....

Date Received ..... June 13 1924 Am't. Rec'd $ 100.00

Donation Perpetual Fund
Date Received ..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Augusta Brosius	Juneau	Feb 13 1858	April 12 1926	68
Fredricke Brosius		Feb 13 1825	June 17 1910	85
Ludwig Brosius		Jan 10 1824	Feb 17 1903	76
Sophia Brosius		Jan 1 1800	Jan 1 1895	95

CLERK TREASURER DIRECTOR

Date record filed ..... 19....

REMARKS: .....

Form No. 221—1-44-50M
BUREAU OF VITAL STATISTICS — WISCONSIN STATE BOARD OF HEALTH

BURIAL—TRANSIT PERMIT

Full name of deceased Emily A Brosius — Death due to quarantinable disease* No (Yes or No)

Place of death Fond du Lac (Township, Village or City) Fond du Lac (County) Wis (State)

Date of death April 25 1945 Color White Sex Male Age 44

Method of disposal Burial (Whether burial, cremation, transportation, storage, etc.) Kekoskee (Cemetery or Crematory)

County Fond du Lac State Wisconsin

A certificate of death having been filed as required by the laws of this State, permission is hereby given to Ed L Zoehrer (Funeral Director or person acting as such) Address Fond du Lac Wis

to dispose of body of said deceased as above stated.

Signature Ray J Roberts (Registrar)

Date April 27 1945 District Fond du Lac (Town, Village or City) County Fond du Lac

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on April 28 1945 in Kekoskee (State whether cremated, buried, stored, etc.) (Cemetery or Crematory)

located at Kekoskee Wis

Signature W W Engelman (Sexton or person in charge)

SEE OTHER SIDE

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no sexton) and permanently retained in the Sexton's files.

*See list on other side.

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FILE COPY

Kekoskee Cemetery Record.

Lot No. 49 (SOUTH 1/2) SECTION B

Name of Purchaser: ROGER & JANICE BRESELOW

Address of Purchaser: 34 S. ELM ST. MAYVILLE WI. 53050

Phone: 920-387-5209

Lot:
Single- (4' X ~~8'~~ 12') Price $250.00 Double – (8' X 12') Price $450.00
(Lot prices include perpetual care)

Date of Purchase 2005 Amount: $250.00 (SEE REMARKS)

Lot resold:
Part lot resold to _____

Date Resold _____ Am't Rec'd _____

Reason for Reselling _____

RECORD OF BURIALS

Name	Where from	Date of Birth	Date of Burial	Age

Lloyd Lachmann
CLERK

Ronald
TREASURER

Date record filed 1-17-06

REMARKS A $200.00 CREDIT WAS APPROVED AT THE 2005 ANNUAL MEETING AS COMPENSATION FOR FUEL & GRASS SEED

135 H 8x16
51 A 4x16

LOT AND PAGE NO... Sect C

Kekoskee Cemetery Record.

Name of Purchaser.....Ruben. .Bruessel.....

Address of Purchaser....Waupun .....

Date of Purchase.....3-20-72..... Am't. Rec'd $.....

LOT
~~Part~~ All Lot Resold to ..Alvin..Loest..... .....

Date Resold ....July...3,.1972. ..... Am't. Rec'd $.....

Reason for Reselling..... .....

.....

Application for perpetual fund made..... ....19....

To whom made .... Am't. Asked $.....

Date Received .. .. Am't. Rec'd $.....

Donation Perpetual Fund

Date Received..... .... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age

.... CLERK TREASURER DIRECTO

Date record filed.. .....19....

REMARKS:.....

135H

LOT AND PAGE NO. 51A s½.

Kekoskee Cemetery Record.

Sect. C

Name of Purchaser Ruben Bruessel

Address of Purchaser

Date of Purchase 3-20-72 Am't. Rec'd $

LOT
~~Part~~ Lot Resold to Alvin Loest

Date Resold 7-31-1972 Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made 19

To whom made Am't. Asked $

Date Received Am't. Rec'd $

Donation Perpetual Fund
Date Received Am't. Rec'd $

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age

CLERK TREASURER DIRECTOR

Date record filed 19

REMARKS:

S ½ 43

LOT AND PAGE NO. ******

Kekoskee Cemetery Record.

Sect B

Name of Purchaser Arnold H. Brummond Estate

Address of Purchaser RR 2 Mayville, Wis.

Date of Purchase 9-12-74 Am't. Rec'd $ 75.00

LOT

Part Lot Resold to

Date Resold Am't. Rec'd $

Reason for Reselling

Application for perpetual fund made 9-12-74 1974

To whom made L.M. Griep Am't. Asked $ 75.00

Date Received 9-12-74 Am't. Rec'd $ 75.00

Donation Perpetual Fund

Date Received Am't. Rec'd $

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Arnold H. Brummond			7-13-74	78
Marie Brummond			6-22-77	76

CLERK TREASURER DIRECTOR

Date record filed 19

REMARKS:

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Section of Vital Statistics

Wisconsin Department of Health and Social Services

BURIAL—TRANSIT PERMIT

Full Name of Deceased Arnold Herman Brummond

Place of Death RD # 2 - Mayville (Town or City) (Dodge) (County) Wis. (State)

Date of Death 7/10 1924 Color White Sex Male Age 78

Cause of Death (Completion is not necessary for Wisconsin burial) _____

Burial, Cremation, Removal (Specify)	Name of Cemetery or Crematory	Location (City, town or county) (State)
Burial	Kekoskee Cem.	RD # 2 - Mayville, Wis.

A certificate of death having been filed as required by laws of this state, permission is hereby given to Funeral Director, or person acting as such.

Koepsell Funeral Home (Name) Address Mayville, Wis.

to dispose of said deceased as above stated.

Signature W. W. Backhuber, M.D. jbk (Registrar)

Date 7/15, 1924 Address Mayville (Dodge) Wis. (City and County)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (Whether Cremated, Buried, Etc.) on 7-13, 1924, in Kekoskee (Cemetery or Crematory)

Located at RD # 2 Mayville Signature Nathan Brix (Sexton or Person in Charge)

SEE OTHER SIDE

This permit must be endorsed by the sexton (or by the Funeral Director where there is no sexton) and permanently retained in the Sexton's files.

FORM V.S. NO. 11-50M

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Section of Vital Records

Wisconsin Department of Health and Social Services

BURIAL—TRANSIT PERMIT

Full Name of Deceased Marie Brummond

Place of Death Juneau (Town or City) Dodge (County) Wisconsin (State)

Date of Death June 22 1977 Color White Sex Female Age 76

Cause of Death (Completion is not necessary for Wisconsin burial) Hypovolemic Shock

Burial, Cremation, Removal (Specify)	Name of Cemetery or Crematory	Location (City, town or county) (State)
Burial	Kekoskee	Village of Kekoskee Dodge Wis

A certificate of death having been filed as required by laws of this state, permission is hereby given to Funeral Director, or person acting as such.

Charles Koepsell (Name) Address 301 N. Walnut. Mayville, Wis.

to dispose of said deceased as above stated.

Signature Helen Heinrich, RN (Registrar)

Date June 28, 1977 Address Mayville Dodge (City and County)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (Whether Cremated, Buried, Etc.) on 6-25, 1977, in Kekoskee (Cemetery or Crematory)

Located at RD # 2 Mayville Signature Nathan Brix (Sexton or Person in Charge)

SEE OTHER SIDE

This permit must be endorsed by the sexton (or by the Funeral Director where there is no sexton) and permanently retained in the Sexton's files.

FORM V.S. NO. 11-50M

VOID - SEE CLINT

Kekoskee Cemetery Record.

Lot and Page No. 54N 1/2

Name of Purchaser: CARROL BRUMMOND

Address of Purchaser: N9251 ROCKVALE RD. MAYVILLE

Phone : 920 - 387-2790

Lot:
~~Single (4' X12) Price $250.00~~ Double – (8' X 16) Price $450.00
(Lot prices include perpetual care)

Date of Purchase 2-19-2007 Amount Rec'd ———

Lot resold:
Part lot ~~resold~~ to GIFTED TO SON CLINT
Date ~~Resold~~ GIFTED 2-15-2007 Am't Rec'd ———

Reason for Reselling

RECORD OF BURIALS

Name	Where from	Date of Birth	Date of Burial	Age

Floyd Lock
CLERK

TREASURER

Date record filed 2-19-2007

REMARKS PER LETTER OF 2-15-2007

SEE CLINT BRUMMOND

VOID

S½ 54 N½

LOT AND PAGE NO. .....

Kekoskee Cemetery Record.

Sect. B

Name of Purchaser Mr. and Mrs Carroll Brummond

Address of Purchaser RR. 2 Mayville, Wis.

Date of Purchase 10-8-74 Am't. Rec'd $ 75.00

LOT TRANSFERED TO BROTHER KENNETH BRUMMOND
Part Lot ~~Resold~~ to IN EXCHANGE FOR LOT 54 N 1/2

Date ~~Resold~~ FEB. 19 2007 Am't. Rec'd $ ——

Reason for Reselling

Application for perpetual fund made 10-8 19 74

To whom made L.M. Griep Am't. Asked $ 75.00

Date Received 10-8-74 Am't. Rec'd $ 75.00

Donation Perpetual Fund

Date Received Am't. Rec'd $

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age

Louis M Griep

CLERK TREASURER DIRECTOR

Date record filed 10-8 19 74

REMARKS: lot purchased for Mr and Mrs Carroll Brummond by Mr and Mrs Rudolph Brummond

TRANSFER AUTHORIZED BY LETTER OF 2-15-07

2-15-07

Kekoskee Cemetery Record

I Carroll Brunnord would like to exchange lot # 54 S 1/2 with my brother Kenneth Brunnord to lot # 54 N 1/2

Signed
Kenneth Brunnord
Carroll Brunnord

I Carroll Brunnord will transfer lot # 54 N 1/2 to my son Clint Brunnord.

Signed Carroll Brunnord
Clint Brunnord

Clint Brunnord
N 9894 Cty Rd YY
Mayville, Wi. 53050

TRANSACTION HANDLED ON
2-19-07 By Lloyd Lee

Kekoskee Cemetery Record.

Lot and Page No. 54 N 1/2
SECTION B

Name of Purchaser: CLINT BRUMMOND

Address of Purchaser: N9894 CTY YY MAYVILLE,

Phone : 920-387-4897

Lot:
~~Single (4' X 12) Price $250.00~~ Double – (8' X 16') ~~Price $450.00~~
(Lot prices include perpetual care)

Date of Purchase 2-19-2007 Amount Rec'd _____

Lot resold:
Part lot resold to _____

Date Resold _____ Am't Rec'd _____

Reason for Reselling _____

RECORD OF BURIALS

Name	Where from	Date of Birth	Date of Burial	Age

CLERK

_____
TREASURER

Date record filed 2-19-2007

REMARKS LOT RECEIVED AS GIFT FROM FATHER CARROL BRUMMOND PER LETTER OF 2-15-07

TRANSFERED TO WENDY BOSCH

Kekoskee Cemetery Record.

Lot and Page No. 54 S 1/2
SECTION B

Name of Purchaser: KENNETH BRUMMOND

Address of Purchaser: W3516 CTY HWY Z

Phone: 920-387-4897

Lot:
~~Single (4' X 12) Price $250.00~~ Double – (8' X 16) ~~Price $450.00~~
(Lot prices include perpetual care)

Date of Purchase FEB 19, 2007 Amount Rec'd ———

Lot resold:
Part lot resold to TRANSFERED TO WENDY BOSCH

Date Resold 2-20-07 Am't Rec'd ———

Reason for Reselling KENNETH BRUMMOND WILL BE BURIED IN MAYVILLE

RECORD OF BURIALS

Name	Where from	Date of Birth	Date of Burial	Age

CLERK

TREASURER

Date record filed 2-19-2007

REMARKS (1) RECEIVED BY TRANSFER FROM BROTHER CARROLL IN EXCHANGE FOR LOT 54N 1/2 PER LETTER OF 2-15-2007

(2) TRANSFER TO WENDY BOSCH PER NOTE FROM KEN 2-20-07

Feb 20-07

Kenneth Brummond

Keboskee Cemetery

Please ~~transfer~~ my lot to 54 South ½ to Wendy Bosch

Ken Brummond



Support Our Troops

Feb 20-07

Kenneth Brummond

Keboshee Cemetery

Please ~~transfer~~ my lot to 54 South ½ to Wendy Bosch

Ken Brummond



Support Our Troops

TRANSFERED TO WENDY BOSCH

Kekoskee Cemetery Record.

Lot and Page No. 54 S 1/2
SECTION B

Name of Purchaser: KENNETH BRUMMOND

Address of Purchaser: W3516 CTY HWY Z

Phone: 920-387-4897

Lot:
~~Single- (4' X 12) Price $250.00~~ Double – (8' X 16) ~~Price $450.00~~
(Lot prices include perpetual care)

Date of Purchase FEB 19, 2007 Amount Rec'd ———

Lot resold:
Part lot resold to TRANSFERED TO WENDY BOSCH

Date Resold 2-20-07 Am't Rec'd ———

Reason for Reselling KENNETH BRUMMOND WILL BE BURIED IN MAYVILLE

RECORD OF BURIALS

Name	Where from	Date of Birth	Date of Burial	Age

CLERK

TREASURER

Date record filed 2-19-2007

REMARKS (1) RECEIVED BY TRANSFER FROM BROTHER CARROLL IN EXCHANGE FOR LOT 54N 1/2 PER LETTER OF 2-15-2007

(2) TRANSFER TO WENDY BOSCH PER NOTE FROM KEN 2-20-07

Feb 20-07

Kenneth Brummond

Kebosbee Cemetery

Please ~~transfer~~ my lot to 54 South ½ to Wendy Bosch

Don Brummond



Support Our Troops

VOID

LOT AND PAGE NO. N½ 54 ####

Kekoskee Cemetery Record.

Sect. B

Name of Purchaser ..... Kenneth Brummond .....

Address of Purchaser ... RR. 2 Mayville., Wis. ....

Date of Purchase ... 10-8-74 ..... Am't. Rec'd $ 75.00 .....

LOT TRANSFERED TO BROTHER CARROL BRUMMOND
Part Lot ~~Resold~~ to IN EXCHANGE FOR LOT 54 S 1/2

Date ~~Resold~~ ... FEB. 19, 2007 ..... Am't. Rec'd $ .....

Reason for Reselling ....

.....

Application for perpetual fund made .. 10-8-74 ..... 19 74

To whom made .... L. M. Griep ..... Am't. Asked $ 75.00 .....

Date Received ..... 10-8-74 ..... Am't. Rec'd $ 75.00 .....

Donation Perpetual Fund

Date Received ..... Am't. Rec'd $ .....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age

Lm Griep
CLERK ..... TREASURER ..... DIRECTOR

Date record filed 10-8 19 74

REMARKS: lot purchased for Mr and Mrs Kenneth Brummond by Mr and Mrs Rudolph Brummond

TRANSFER BY LETTER OF 2-15-2007

2-15-07

Kekoskee Cemetery Record

I Carroll Brummond would like to exchange lot # 54 S 1/2 with my brother Kenneth Brummond to lot # 54. N 1/2

Signed
Kenneth Brummond
Carroll Brummond

I Carroll Brummond will transfer lot # 54 N 1/2 to my son Clint Brummond.

Signed Carroll Brummond
Clint Brummond

Clint Brummond
N 9894 Cty Rd YY
Mayville, Wi, 53050

TRANSACTION HANDLED ON
2-19-07 By Floyd Lee

31 H. To Loraine Brummond
From Palmer Brummond

Kekoskee Cemetery Association
15 Forest St.
RR 2,
Mayville, WI. 53050

January 7,1994

Gentlemen:

Please change and transfer the cemetery lot that I own in the Kekoskee Cemetery to Loraine Brummond, N9251 Rockvale Road, Mayville, WI. 53050.

Sincerely,

Palmer Brummond

Carroll W. Brummond
Guardian

Carroll W Brummond 31 H

LOT AND PAGE NO. 31H

Kekoskee Cemetery Record.

Sect B

PALMER BRUMMOND LOT TRANSFER TO

Name of Purchaser LORAINE BRUMMOND

Address of Purchaser N 9251 ROCKVALE ROAD MAYVILLE, WI 53050

Date of ~~Purchase~~ TRANSFER JAN 7 1994 Am't. Rec'd $ -NA-

LOT

Part Lot Resold to

Date Resold Am't. Rec'd $ N.A.

Reason for Reselling

Application for perpetual fund made 19

To whom made Am't. Asked $ NA

Date Received Am't. Rec'd $ NA

Donation Perpetual Fund

Date Received Am't. Rec'd $

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
LORRAINE BRUMMOND			12-29-2006	74
CARROLL BRUMMOND			8-27-2015	88

Lorraine M Gries
CLERK TREASURER DIRECTOR

Date record filed. JAN 7 1994

REMARKS: TRANSFER OF LOT 31 H AUTHORIZED BY LETTER DATED JAN 7 1994 FROM CARROLL W BRUMMOND GUARDIAN FOR PALMER BRUMMOND

31 H
16

LOT AND PAGE NO. .....

8x16

Kekoskee Cemetery Record.

Sect. B

Name of Purchaser ..Palmer Brummond.. .....

Address of Purchaser ...RR. 2. Mayville, Wis ....

Date of Purchase ..... 9-12-74 .... Am't. Rec'd $75.00 .....

LOT
Part Lot Resold to .Transferred to Loraine Brummond

Date Resold .....January 7, 1994 ..... Am't. Rec'd $.....

Reason for Reselling..... ....

.....

Application for perpetual fund made..9-12-74 ... .1974..

To whom made .L.M. Griep..... .. .. Am't. Asked $...75.00.....

Date Received .. .(-12-74..... Am't. Rec'd $...75.00.....

Donation Perpetual Fund
Date Received..... ... . Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age

....
CLERK TREASURER DIRECTOR

Date record filed.....19....

REMARKS:.....

.....

.....

LOT AND PAGE NO. 29

Kekoskee Cemetery Record.

Sect. A

Name of Purchaser ..... Frank Burkhardt .....

Address of Purchaser .....

Date of Purchase ..... Am't. Rec'd $.....

LOT
Part Lot Resold to .....

Date Resold ..... Am't. Rec'd $.....

Reason for Reselling .....

.....

Application for perpetual fund made ..... 19....

To whom made ..... Am't. Asked $.....

Date Received ..... Am't. Rec'd $.....

Donation Perpetual Fund
Date Received ..... Am't. Rec'd $.....

RECORD OF BURIALS.

NAME	Where From	Date of Birth	Date of Burial	Age
Gottlieb Burkhardt		Dec 15-1815	Dec 26-1892	77
FRANK BURKHARDT Sr.	KEKOSKEE WI	death notice 3/10/77	Dec 13-1977	80
WW I Frank Burkhardt Jr	Kekoskee	June 10-1860	Jan 29-1940	80
Anna Burkhardt	"	June 8th 1873	Dec 14-1951	78
Lena Burkhardt		May 7-1894	Aug 22-1911	x 7
George Wheeler		May 29-1913	June 1-1913	2 days
Fred Quennengesser		May 2-1822	Jan 30-1911	89

CLERK ..... TREASURER ..... DIRECTOR .....

Date record filed ..... 19....

REMARKS: .....