

**GERMAN UNION CEMETERY**  
**THREE-GENERATION GENEALOGY**

*Created By: Ronald R. Prinzing*

**UPDATED:** January 18, 2013, May14, 2014 and August 8, 2015

Surname: **JONES**

Given Name: **JOSEPH**

Middle Name If Any: **CALHOUN**

Gender: **MALE**

Date of Birth: **NOVEMBER 25, 1881**

Place of Birth: **IOWA**

Date of Death: **JULY 10, 1918**

Place of Death: **ERIN TOWNSHIP – RICE COUNTY – MINNESOTA**

Place of Burial: **GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY –**

**MINNESOTA**

Plot Number: **UNKNOWN**

Father: **WILLIAM JONES**

Date of Birth:

Place of Birth:

Date of Death:

Place of Death:

Place of Burial:

Mother:

Date of Birth:

Place of Birth:

Date of Death:

Place of Death:

Place of Burial:

Marital Status: **MARRIED**

Date:

1. **LILLIAN B. MARKHAM**

Children:

1. **MYRTLE IRENE JONES** born: JANUARY 21, 1919

**NOTE: The Permit for Burial or Removal shows the place of burial to be UNION CEMETERY. The correct place of burial is the GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY – MINNESOTA. ALSO NOTE** Joseph Calhoon Jones and his daughter Myrile Irene Johnes are known to be buried in the German Union Cemetery. Their exact location, however, is not known. Two reliable sources put the locations as either the upper East corner or the upper West corner of the cemetery. Being that, in those days, the cemetery plot dimensions were of six feet wide by 12 feet long and todays current dimensions are of three feet wide by 12 feet long it is deemed necessary that any digging in or near plot numbers 1i, 1j, 1k, 1l in Section Number 1-A or plot numbers 8a, 8b, 8c, 8d in Section Number 3-A be done with EXTREEM caution. **Source: Grace Elizabeth (Ludwig) Day and Roland Charles Prinzing, both deceased.**

**JONES, JOSEPH CALHOUN**

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PLACE OF DEATH  
County Rice  
Township Edson  
OR  
Village  
OR  
City

STATE OF MINNESOTA  
REGISTRAR'S

No. ....

## Permit for Burial or Removal

Date of Death July 10 1918  
Full Name Joseph C. Jones Age 36 yrs.  
Sex Male Place of Birth Iowa  
Disease causing death Peritonitis  
Medical attendant F. J. Yexa Proposed date of burial or removal July 12 1918  
Place of burial Union Cemetery  
Place of removal ..... via .....  
Undertaker H. J. C. Tertius Address Montgomery

A certificate of death having been filed in my office in accordance with the laws of Minnesota, I hereby authorize the Burial of the body of said deceased person as stated above. In case of death from a dangerous communicable disease, the burial or removal must be conducted according to the rules of the State and local board of health.

H. J. C. Tertius  
(Registrar of Deaths)  
Dated 7/11 1918 Sub Registrar  
Official Title

\*Write "Burial" or "Removal" as the case may be. Burial permits must be delivered by the Undertaker to the Sexton. Removal permits must be given to the Agent of Transportation Company, and attached by him to box containing body. Subregistrars will write "Sub" before the words "Registrar of Deaths" and "Licensed Embalmer No. ...." below, always giving No. of License. Fine or imprisonment for receiving a body for burial without a permit.

Received 191 Sexton  
Name of Cemetery ..... Address .....



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186 PLACE OF DEATH STATE OF MINNESOTA  
 County of Rice DIVISION OF VITAL STATISTICS  
 Township of Erin CERTIFICATE OF DEATH  
 Village of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. 3411) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 16  
 [If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Joseph C Jones

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	COLOR <u>White</u>			DATE OF DEATH (Month) <u>July</u>	(Day) <u>10</u>	(Year) <u>1918</u>
DATE OF BIRTH (Month) <u>Nov</u>	(Day) <u>25</u>	(Year) <u>1881</u>	HEREBY CERTIFY, That I attended deceased from <u>July 3</u> 19 <u>18</u> , to <u>July 10</u> 19 <u>18</u>			
AGE <u>36</u> Years, <u>8</u> Months, <u>25</u> Days	that I last saw him alive on <u>July 10</u> 19 <u>18</u>				and that death occurred, on the date stated above, at <u>2 P</u> M.	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	The CAUSE OF DEATH was as follows: <u>Had amputation of left leg as result of suppurations of his left leg and Peritonitis</u>				(DURATION) _____ DAYS	
AGE AT MARRIAGE _____ years NUMBER OF CHILDREN _____ Parent of _____ children, of whom _____ are living	Contributory _____ (DURATION) _____ DAYS				(Signed) <u>F. J. Tupa</u> M. D. <u>7/10</u> 19 <u>18</u> (Address) <u>Fond du Lac</u>	
BIRTHPLACE (State or country) <u>Iowa</u>	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: Former or usual residence _____ How long at place of death? _____ Days				Where was disease contracted, if not at place of death? _____	
NAME OF FATHER <u>Wm Jones</u>	PLACE OF BURIAL OR REMOVAL <u>Union Cemetery</u> DATE OF BURIAL <u>7/12</u> 19 <u>18</u>				UNDERTAKER <u>W J Clouting</u> ADDRESS <u>Montgomery</u>	
BIRTHPLACE OF FATHER (State or country) _____	Filed <u>7/10</u> 19 <u>18</u> <u>Thos H Foley</u>					
MAIDEN NAME OF MOTHER <u>unknown</u>						
BIRTHPLACE OF MOTHER (State or country) _____						
OCCUPATION <u>Store Keeper</u>						
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF						
(Informant) <u>Jos Mapha</u>						
(Address) <u>Fond du Lac</u>						

**JONES, JOSEPH CALHOUN**