

GERMAN UNION CEMETERY
THREE-GENERATION GENEALOGY

Created By: Ronald R. Prinzing

OBITUARY

Last Name: **KOLTERMAN**

First Name: **FREDERICK**

Middle Name or Initial:

News Paper: **FARIBAULT DAILY NEWS – FARIBAULT, MINNESOTA**

Date: **FEBRUARY 23, 1948**

Funeral services for Fred Kolterman, 70, who passed away suddenly at the Commercial hotel where he made his home on Saturday, February 21, will be held at the Lenmark Funeral Home on Wednesday afternoon, February 25, at 2:30 p.m. Interment will be made at Union cemetery, Millersburg.

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This permit serves for a burial permit at destination
except where local ordinance requires local permit.

PLACE OF DEATH

County Rice
Township _____
OR
Village _____
OR
City Faribault

STATE OF MINNESOTA
REGISTRAR'S

No. _____

Permit for Burial or Removal

Date of death Feb. 21, 1948
Full name Frederick Kolterman Age 7.3 yrs.
Sex Male Place of birth Germany
Disease causing death Cardiac degeneration

Medical attendant } A. W. Nutzen Proposed date of } Feb. 25 1948
burial or removal }

Place of burial, removal or cremation _____
(City, Village or Township)

Conveyance used Auto Name of Cemetery _____

Undertaker A. Hennrich Address Faribault

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 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.

Sam H. Swanner
(Registrar of Deaths)

Dated Feb. 24, 1948 _____
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. Sub-registrars will write "Sub" before the words "Registrar of Deaths" and "Licensed Embalmer No. _____" below, always giving number of license. Fine or imprisonment for receiving a body for burial without permit.

Received _____ 19 _____ Sexton

Name of Cemetery _____ Address _____

This form may be used for disinterment-reinterment in accordance with Regulation 23.

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KOLTERMAN FAMILY MARKER