

GERMAN UNION CEMETERY
THREE-GENERATION GENEALOGY

Created By: Ronald R. Prinzing

UPDATED: May 23, 2014, November 8 and December 6, 2016

Surname: **HYLAND**
Name: **LOUELLA**
Middle Name If Any: **R.**
Gender: **FEMALE**

Married Name: **REMICK (HENRY J. R.)**
Interred Name: **REMICK**

Date of Birth: **FEBRUARY 14, 1896**

Place of Birth: **MINNESOTA**

Date of Death: **MARCH 6, 1988**

Place of Death: **MAPLE MANOR CARE CENTER – WASHINGTON COUNTY – STILLWATER,
MINNESOTA**

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

Plot Number: **36c/d**

Father:

Date of Birth:

Place of Birth: **AUSTRIA**

Date of Death:

Place of Death:

Place of Burial:

Mother: **ROSE**

Date of Birth:

Place of Birth: **WISCONSIN**

Date of Death:

Place of Death:

Place of Burial:

Married Name: **HYLAND**

Interred Name: **HYLAND**

Marital Status: **MARRIED**

Date:

1. **HENRY J. REMICK JR.** born: **NOVEMBER 9, 1891** in **FOREST TOWNSHIP – RICE COUNTY – MINNESOTA**

Children:

1. **MAYLAND VANE REMICK** born: **MAY 23, 1914** in **CASTLE ROCK – DAKOTA COUNTY – MINNESOTA**
2. **VIOLA L. REMICK** born: **1916** in **MINNESOTA**
3. **JEROME H. REMICK** born: **June 24, 1917** in **MINNESOTA**

REMICK, LOUELLA R. NEE: HYLAND

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Burial - Removal - Transit Permit				Permit No. _____	
NAME OF DECEASED <i>Louella R. Remick</i>			DATE OF DEATH <i>March 6, 1988</i>		DEATH COMMUNICABLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SEX <i>Female</i>	AGE <i>92</i>	PLACE OF DEATH (CITY, VILLAGE OR TOWNSHIP) <i>Maple Manor Care Center Stillwater, Washington, Minnesota</i>			(COUNTY)
METHOD OF DISPOSAL: <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/> OTHER (SPECIFY) <i>Transit</i>		PLACE OF DISPOSITION (NAME OF CEMETERY OR CREMATORY) (CITY, VILLAGE OR TOWNSHIP, COUNTY, STATE) <i>German Union Cemetery, Rice County, Forest Twp., MN.</i>			
SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR <i>Melvin O Larson #1955</i>			BUSINESS ADDRESS <i>Carlson Funeral Home 1174 Payne Ave., St Paul, Mn.</i>		
A certificate of death having been filed as required by law, permission is hereby given to dispose of this body.					
SIGNATURE OF REGISTRAR <i>Melvin O Larson</i>		(CITY, VILLAGE OR TOWNSHIP) <i>Saint Paul</i>	(COUNTY) <i>Ramsey</i>	(TITLE) <i>Sub-Registrar</i>	DATE ISSUED <i>3/8/88</i>
SIGNATURE OF PERSON IN CHARGE OF CONVEYANCE					
AUTHORIZED DISPOSITION AS STATED ABOVE OCCURRED ON: (DATE)		SIGNATURE OF SEXTON OR CEMETERY OFFICIAL <i>Ronald R Prinzing</i>			DATE RECEIVED <i>5-4-88</i>
HE-00113-03 (7/84)					
This form provided by the Minnesota Department of Health, Section of Vital Statistics				Original—Place of Disposition	
				Copy—Sub Registrar	

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REMICK, LOUELLA R. NEE: HYLAND

REMICK, HENRY J. JR. – HUSBAND and WIFE