

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

*Created By: Ronald R. Prinzing*

Surname: **ROSS**

Name: **JOHN JR.**

Middle Name If Any: **WILLIAM**

Gender: **MALE**

Date of Birth: **MARCH 7, 1913**

Place of Birth: **FOREST TOWNSHIP – RICE COUNTY – MINNESOTA**

Date of Death: **MARCH 7, 1927**

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

Place of Burial: **GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY –  
COUNTY – MINNESOTA** Plot Number: **37k**

Father: **JOHN FREDERICK ROSS**

Date of Birth: **DECEMBER 11, 1876**

Place of Birth: **NEW YORK**

Date of Death: **OCTOBER 25, 1943**

Place of Death: **RICE COUNTY – NORTHFIELD, MINNESOTA**

Place of Burial: **GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY –  
MINNESOTA** Plot Number: **37n**

Mother: **ANNA MARIE DODES**

Interred Name: **ROSS**

Date of Birth: **OCTOBER 27, 1874**

Place of Birth: **MINNESOTA**

Date of Death: **JANUARY 31, 1952**

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

Place of Burial: **GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY –  
MINNESOTA** Plot Number: **37o/p**

Marital Status: **NEVER MARRIED**

Date:

NOTE: The Permit for Burial or Removal shows the place of burial to be UNION CEMETERY, which is the same as GERMAN UNION CEMETERY.

**ROSS, JOHN WILLIAM JR.**

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PLACE OF DEATH

STATE OF MINNESOTA

REGISTRAR'S

County *Rice* .....

Township *Forest* .....

OR

Village .....

OR

City .....

No. ....

**Permit for Burial or Removal**

Date of Death *March 7* 19*27*

Full Name *John William Ross* Age *13* yrs.

Sex *Male* Place of Birth *Town of Forest*

Disease causing death *Pneumonia*

Medical attendant } *Dr. Moser* Proposed date of } *3/10* 19*27*  
burial or removal }

Place of Burial *Union Cemetery*

Place of removal ..... via *G*

Undertaker *A. Hodorff* Address *Northfield*

A certificate of death having been filed in my office in accordance with the laws of Minnesota, I hereby authorize the *Dr. Moser* of the body

(Burial or Removal)

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.

*Oscar Gaugreust*

(Registrar of Deaths)

Dated *3/8* 19*27*

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 permit.

Received ..... 19 ..... Sexton

Name of Cemetery ..... Address .....

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**ROSS FAMILY MARKER**