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: 370/p

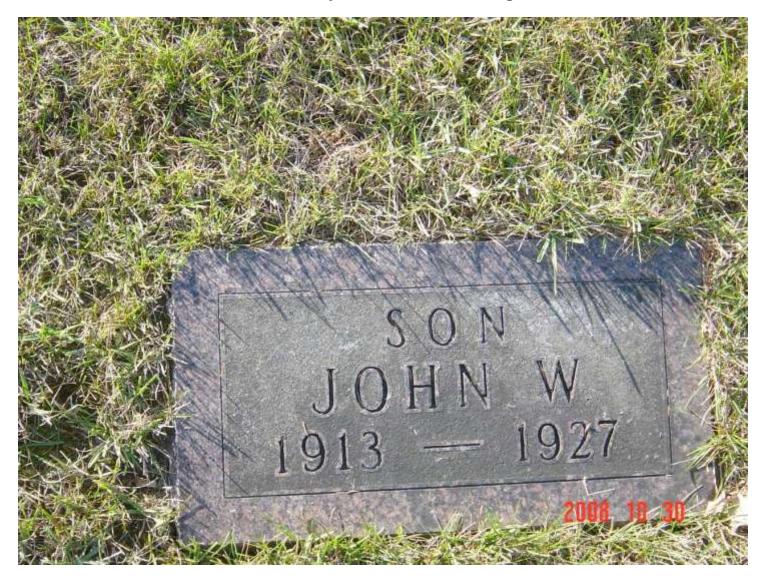
Marital Status: NEVER MARRIED Date:

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

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PLACE OF DEATH STATE OF MINNESOTA REGISTRAR'S
Township Forest No.
Village OR Permit for Burial or Removal
Date of Death March 7 1927
Full Name Solen Millian PossAge /3 yrs.
Sex Mal Place of Birth Journ of Forest
Disease causing death Prince
Medical Proposed date of burial or removal 3/10 1927
Place of Burial Union Countries
· · · · · · · · · · · · · · · · · · ·
Place of removalviavia
A certificate of death having been filed in my office in accordance with the laws of Minnesota, I hereby authorize the
Address  A certificate of death having been filed in my office in accordance with the laws of Minnesota, I hereby authorize the
A certificate of death having been filed in my office in accordance with the laws of Minnesota, I hereby authorize the
Address  A certificate of death having been filed in my office in accordance with the laws of Minnesota, I hereby authorize the
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