

GERMAN UNION CEMETERY
THREE-GENERATION GENEALOGY

Created By: Ronald R. Prinzing

UPDATED: May 24, 2014

Surname: **SIEMERS**

NOTE: INFANT (STILL BORN)

Name: **ROGER**

Middle Name If Any: **HENRY**

Gender: **MALE**

Date of Birth: **SEPTEMBER 19, 1923**

Place of Birth: **NORTHFIELD, MINNESOTA**

Date of Death: **SEPTEMBER 19, 1923**

Place of Death: **NORTHFIELD, MINNESOTA**

Place of Burial: **GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY –
MINNESOTA** Plot Number: **48g**

Father: **JOSEPH SIEMERS SR.**

Date of Birth: **AUGUST 20, 1882**

Place of Birth: **MINNESOTA**

Date of Death: **DECEMBER 19, 1936**

Place of Death: **RICE COUNTY - MINNESOTA**

Place of Burial: **CHRISTDALA CEMETERY – FOREST TOWNSHIP – RICE COUNTY –
MINNESOTA** Cemetery ID: **10 FT 9 Section: 54**

Mother: **AMELIA DORTHEA PAULSON**

Married Name: **SIEMERS**

Date of Birth: **MARCH 24, 1889**

Interred Name: **SIEMERS**

Place of Birth: **MINNESOTA**

Date of Death: **JUNE 11, 1973**

Place of Death: **HENNEPIN COUNTY – MINNEAPOLIS, MINNESOTA**

Place of Burial: **CHRISTDALA CEMETERY – FOREST TOWNSHIP – RICE COUNTY –
COUNTY – MINNESOTA** Cemetery ID: **10 FT 9 Section: 54**

NOTE: The Permit for Burial or Removal shows the place of burial to be Millersburg, Minnesota. The correct place of burial is the GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY – MINNESOTA.

SIEMERS, ROGER HENRY

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PLACE OF DEATH

STATE OF MINNESOTA

REGISTRAR'S

County.....*Rice*.....

No.....*40*.....

Township.....

OR

Village.....

OR

City.....*Mouthfield*.....

Permit for Burial or Removal

Date of Death.....*9-19*..... 19*23*

Full Name.....*Roger Henry Siemers*..... Age.....*0*..... yrs.

Sex.....*M*..... Place of Birth.....*Wald, Minn.*.....

Disease causing death.....*Stillborn*.....

Medical)
attendant) *J. Moses* Proposed date of)
burial or removal) *9-20 1923*

Place of Burial.....*Millersburg Minn.*.....

Place of removal..... via.....

Undertaker.....*C. H. Bussman*..... Address.....*Mouthfield*.....

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

(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.

J. F. Seely
(Registrar of Deaths)

Dated.....*9-19*..... 19*23*.....

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.....

380-11-14-18-50M. LOUIS F. DOW CO., ST. PAUL

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