

GERMAN UNION CEMETERY
THREE-GENERATION GENEALOGY

Created By: Ronald R. Prinzing

Surname: **HOFERT**

Married Name: **HYLAND**

Given Name: **ROSE**

Interred Name: **HYLAND**

Middle Name If Any: **MAYDALNE**

NOTE: Spelling of middle name as shown on Permit for Burial or Removal

Gender: **FEMALE**

Date of Birth: **1863**

Place of Birth: **APPELTON, WISCONSIN**

Date of Death: **OCTOBER 10, 1936**

Place of Death: **DAKOTA COUNTY – CASTLE ROCK, MINNESOTA**

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

Plot Number: **36a/b**

Father:

Date of Birth:

Place of Birth:

Date of Death:

Place of Death:

Place of Burial:

Mother:

Date of Birth:

Place of Birth:

Date of Death:

Place of Death:

Place of Burial:

Marital Status: **MARRIED**

Date:

1. (?) **HYLAND** born:

Children:

NOTE: The Permit for Burial or Removal shows the place of burial to be FOREST TOWNSHIP. The correct place of burial is the GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY – MINNESOTA. The Grave Stone shows the name (HOFERT). This could be a married name as the Permit for Burial or Removal shows the middle name to be Maydalne.

HYLAND, ROSE MAYDALNE. NEE: HOFERT

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PLACE OF DEATH

STATE OF MINNESOTA
REGISTRAR'S

County Dakota

Township Castle Rock

OR

Village _____

OR

City _____

No. _____

Permit for Burial or Removal

Date of Death Oct 10 1936

Full Name Rose Maydalne Hyland Age 76 yrs.

Sex Female Place of Birth Appelton Wis

Disease causing death Permeable anemia

Medical attendant J M Dodge Proposed date of burial or removal Oct 13 1936

Place of burial Forest Lawn

Place of removal _____ via Lawrence

Undertaker E. MacPhee Address Lawrence

A certificate of death having been filed in my office in accordance with the laws of Minnesota, I hereby authorize the Burial of the (Burial or Removal*)

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.

Dated Oct 12 1936 E. MacPhee (Registrar of Deaths)

Official Title Licensed Embalmer 1571

*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 No. of License. Fine or imprisonment for receiving a body for burial without permit.

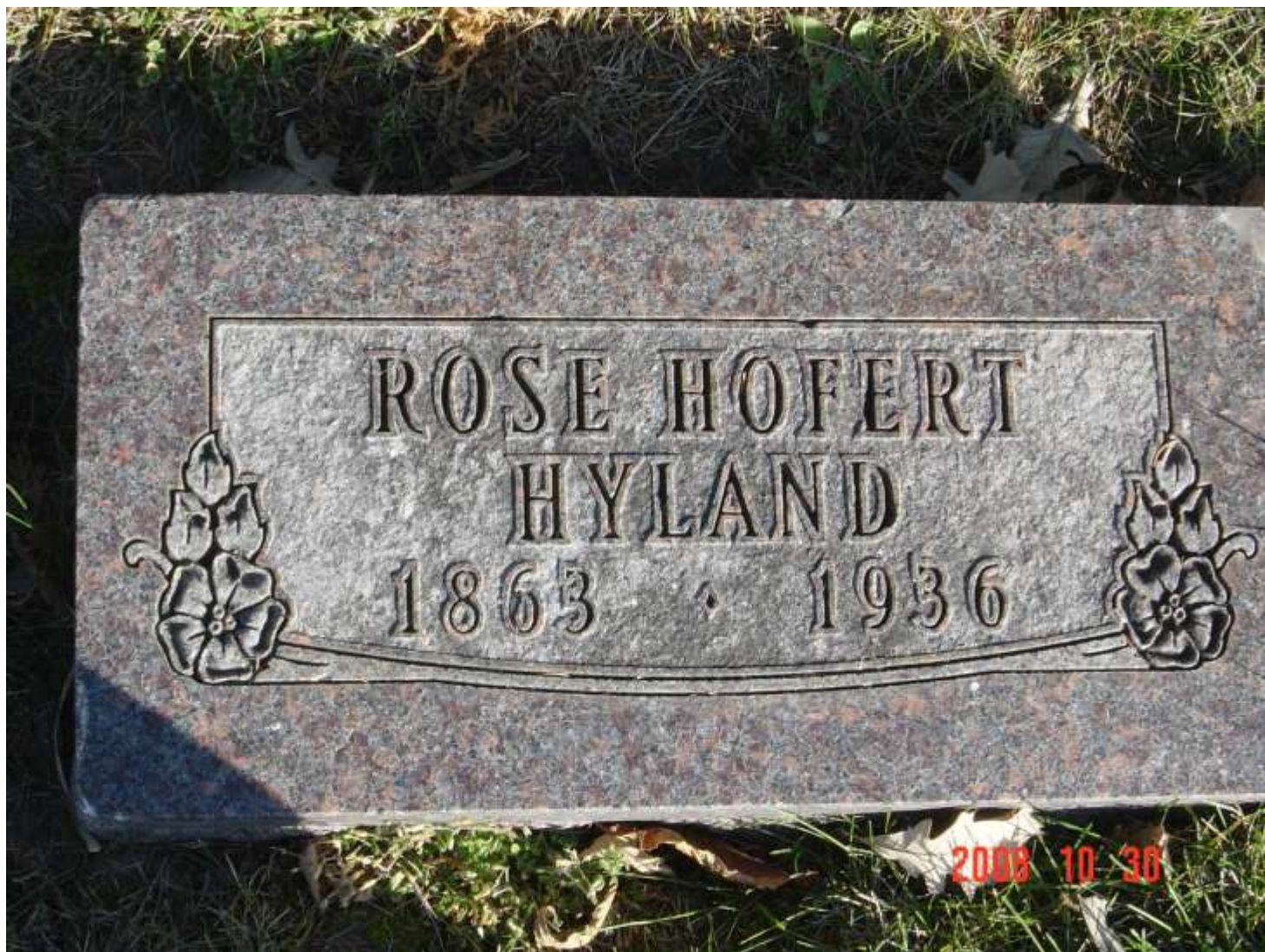
Received _____ 19 _____ Sexton

Name of Cemetery _____ Address _____

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