

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

*Created By: Ronald R. Prinzing*

Surname: **ROSS**

Name: **HENRY SR.**

Middle Name If Any:

Gender: **MALE**

Date of Birth: **NOVEMBER 8, 1846**

Place of Birth: **MECKLENBURG, GERMANY**

Date of Death: **FEBRUARY 1, 1931**

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

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

Father: **JOHN ROSS**

Date of Birth:

Place of Birth: **GERMANY**

Date of Death:

Place of Death:

Place of Burial:

Mother: **MARY BENEK**

Married Name: **ROSS**

Date of Birth:

Place of Birth: **GERMANY**

Date of Death:

Place of Death:

Place of Burial:

Marital Status: **MARRIED**

Date:

1. **WILHELMINE FRAM** born: **SEPTEMBER 24, 1845** in **GERMANY**

Children:

1. **HEINREICH J. L. ROSS** born: **SEPTEMBER 7, 1878** in **FOREST TOWNSHIP – RICE –  
COUNTY – MINNESOTA**
2. **JOHN FREDERICK ROSS** born: **DECEMBER 11, 1876** in **NEW YORK**
3. **JOSEPH JOHANN HEINRI ROSS** born: **MAY 10, 1888**

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

**ROSS, HENRY SR.**

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PLACE OF DEATH

STATE OF MINNESOTA

REGISTRAR'S

County

*Rice*

Township

*Forest*

No. \_\_\_\_\_

OR

Village

OR

City

**Permit for Burial or Removal**

Date of Death

*Feb 1*

19*31*

Full Name

*Henry Ross Sr*

Age

*84*

yrs.

Sex

*Male*

Place of Birth

*Germany*

Disease causing death

*Arteriosclerosis +  
myocarditis*

Medical

attendant

*Joseph Mason*

Proposed date of  
burial or removal

*Feb 4 1931*

Place of burial

*Union Cem Forest Sp*

Place of removal

via

Undertaker

*Edgar W Boldt*

Address

*Faribault*

A certificate of death having been filed in my office in accordance with the laws of Minnesota, I hereby authorize the \_\_\_\_\_ 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

*Feb 3*

19*31*

*Edgar W Boldt*  
(Registrar of Deaths)

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. Sub-registrars will write "Sub" before the words "Registrar of Deaths" and "Licensed Embalmer No. *1822*" below, always giving No. of License. Fine or imprisonment for receiving a body for burial without permit.

Received

19

Sexton

Name of Cemetery

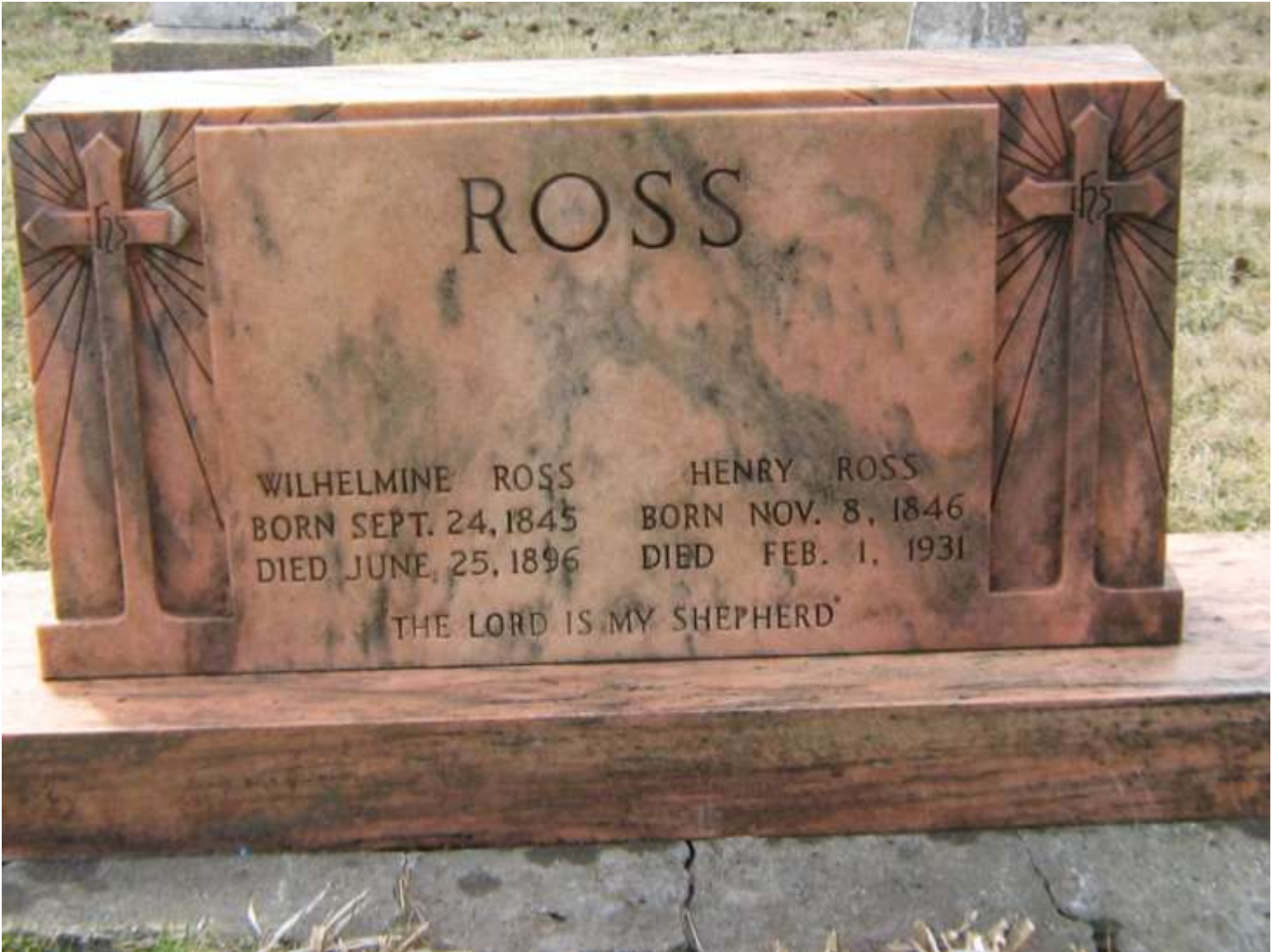
Address

**ROSS, HENRY SR.**



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WILHELMINE ROSS  
BORN SEPT. 24, 1845  
DIED JUNE 25, 1896

HENRY ROSS  
BORN NOV. 8, 1846  
DIED FEB. 1, 1931

THE LORD IS MY SHEPHERD\*

**ROSS, WILHELMINE. NEE: FRAM**

**ROSS, HENRY SR.- HUSBAND and WIFE**