

GERMAN UNION CEMETERY
THREE-GENERATION GENEALOGY

Created By: Ronald R. Prinzing

Surname: **SMUDA**

NOTE: **(INFANT NO. 1)**

Name: **FRANK**

Middle Name If Any: **J.**

Gender: **MALE**

Date of Birth: **JUNE 1935**

Place of Birth: **FARIBAULT, MINNESOTA**

Date of Death: **AUGUST 1935**

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

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

Plot Number: **60o**

Father: **F. A. SMUDA**

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:

NOTE: The Permit for Burial or Removal shows the place of burial to be DEERFIELD with removal to FARIBAULT. The correct place of burial is the GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY – MINNESOTA.

SMUDA, FRANK J. (INFANT #1)

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PLACE OF DEATH STATE OF MINNESOTA
County Rice Co REGISTRAR'S
Township _____ No. _____
OR
Village _____
OR
City Faribault

Permit for Burial or Removal

Date of Death _____ 19____
Full Name Frank G Smutey Age _____ yrs.
Sex Male Place of Birth Faribault

Disease causing death _____

Medical attendant } Proposed date of }
burial or removal } _____ 19____

Place of burial Deerfield
Place of removal Faribault via P J D Cannon City
Undertaker Flora Ray Parker Address Faribault sub

A certificate of death having been filed in my office in accordance with the laws of Minnesota, I hereby authorize the disinterment reinterment of the 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.

Ernest Keeby
Dated Aug 15 1935 (Registrar of Deaths) Health Officer
Official Title

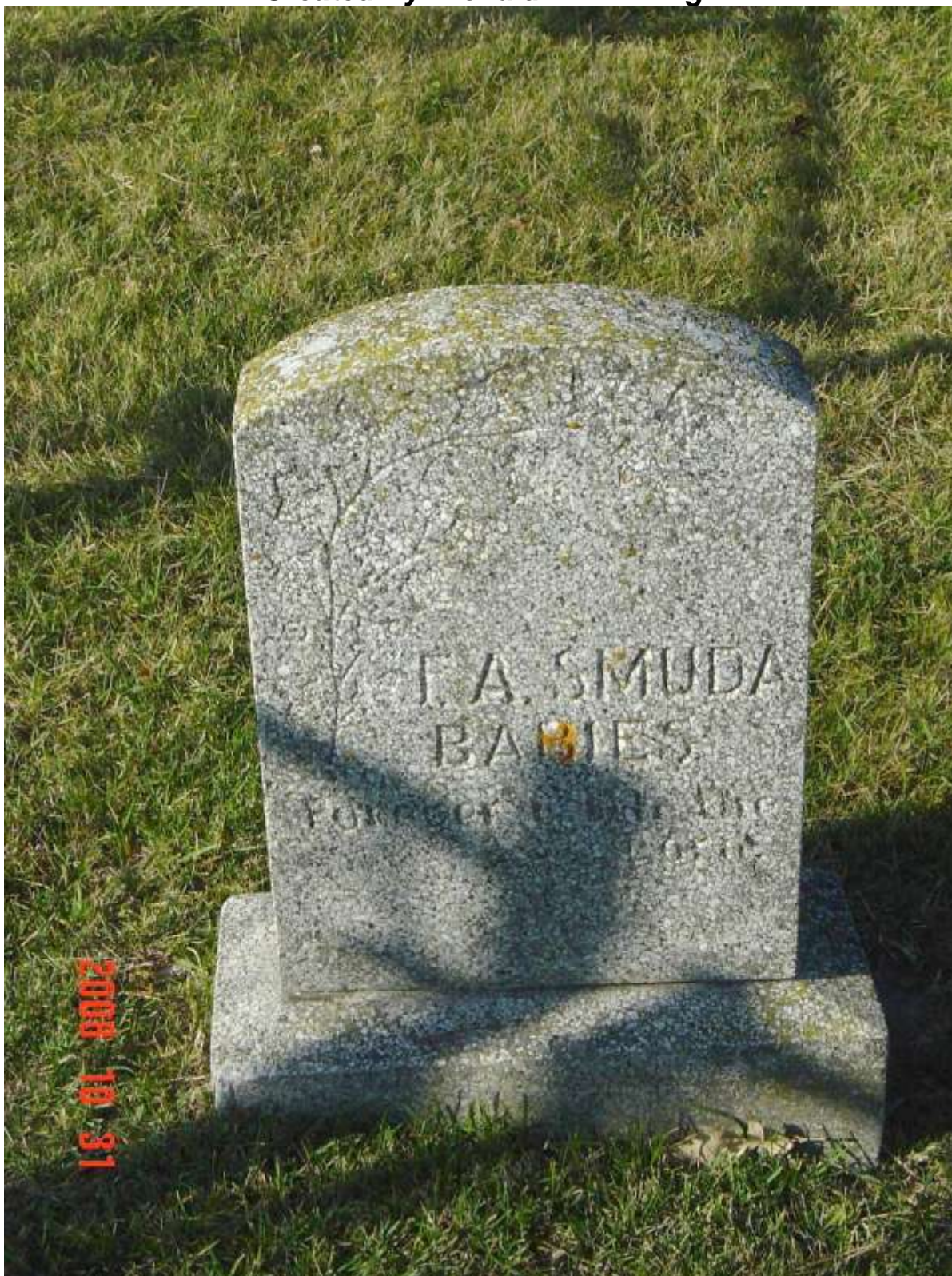
*Write "Burial" or "Removal" as the case may be. Burial permits must be delivered by the Undertaker to the Sexton. Removal permits must be given to the Agent of Transportation Company, and attached by him to box containing body. Sub-registrars will write "Sub" before the words "Registrar of Deaths" and "Licensed Embalmer No. _____" 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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SMUDA BABIES MARKER

SMUDA, FRANK J. (INFANT #1) and SMUDA, PAUL A. (INFANT #2)