

Kentucky Post - March 14, 1951

## John P. Henn Rites Will Be Held Friday

Requiem High Mass for John P. Henn, 68, photo-engraver, who died Tuesday at St. Elizabeth Hospital, will be sung at 9 a. m. Friday at St. Anthony Church, Forest Hills, following prayers at 8:15 at the Linnemann funeral home, Covington. Burial will be in Mother of God Cemetery, Covington.

Mr. Henn made his home at 4 Winona drive, Forest Hills, and was an employe of the Central Engraving Co., Cincinnati.

He was a member of the Holy Name Society of St. Anthony Church, the Covington Aerie of Eagles, and the Sunday Morning Club. The Eagles will meet for prayers at 7:15 p. m. Friday at the funeral home with the Holy Name Society following at 7:30.

Mr. Henn leaves his widow, Mrs. Mary Busse Henn; a son, Henn Et. Myers Fla.; a daughter, Mrs. Irma Dressman, Covington; two brothers, Jacob and Harry J. Henn, Cincinnati; two sisters, Mrs. Eda Kahle and Mrs. Kate Strong, Cincinnati, and a grandson.

Friends may call at the funeral home after 2 p. m., Thursday.

Henn, John Philip 1882 - 1951

COMMONWEALTH OF KENTUCKY		51	5396
FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS	FILE NO. 116
CERTIFICATE OF DEATH		REGISTRAR'S NO. 221	
Registration District No. 190		Primary Registration District No. 2280	
1. PLACE OF DEATH a. COUNTY <u>Kenton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution or residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Kenton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Covington</u>	c. LENGTH OF STAY (in this place) <u>46 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Forest Hills</u>	
3. FULL NAME OF (If not in hospital or institution, give street address or institution) <u>St. Elizabeth Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>4- Winona Drive</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Philip</u> c. (Last) <u>Henn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-13-1951</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 18-1882</u>
9. AGE (in years last birthday) <u>68</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Poto Engraver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Central Engraving Co. Cincinnati Ohio</u>
11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZENSHIP OF COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jacob Henn</u>		14. MOTHER'S MAIDEN NAME <u>Anna Fox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>209-09-2680</u>	
17. INFORMANT <u>Mrs. Irma Dressman - Daughter</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma Prostate</u> 2. Antecedent causes <u>Metastasis to liver, pancreas, brain.</u> DUE TO (b) <u>Brain</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>December 1950</u> to <u>March 13, 1951</u> , that I last saw the deceased alive on <u>March 12, 1951</u> , and that death occurred at <u>1 P.M.</u> from the causes and on the date stated above.			
23a. DATE SIGNED <u>3-17-51</u>	23b. ADDRESS <u>515 Cypress Bldg. Co. Ky.</u>	23c. SIGNATURE <u>John A. Songer, Jr.</u> (Degree or title)	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-16-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mother of God Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>Kenton County Ky.</u>
25a. DATE REC'D BY <u>MAR 18 1951</u>	25b. REGISTRAR'S SIGNATURE <u>Marian Dean</u>	25c. FUNERAL DIRECTOR <u>Henry Linnemann Sons</u> ADDRESS <u>Covington, Ky.</u>	