

Henn, Mary Busse 1884 - 1951

Kentucky Post – November 5, 1951

Mrs. Mary Henn

Requiem High Mass will be sung at 9 a. m. Wednesday at St. Anthony Church for Mrs. Mary Henrietta Henn, 67, of 4 Winona drive, Forest Hills, who died suddenly Sunday at her home.

Prayers will be said at 8:15 a. m. at the Linnemann funeral home, Covington. Burial will be in Mother of God Cemetery.

Mrs. Henn, a life-long resident of Kenton county, was a member of the Altar Society of the church, which will meet at 4:30 p. m. Tuesday at the funeral home for recitation of the Rosary.

She leaves a son, Lawrence Henn, Ft. Myers, Fla.; a daughter, Mrs. William Dressman, Covington; two brothers, Louis and Herman Busse, both of Covington, and a grandson.

Lawrence Henn and his wife, Eleanor, formerly operated a grocery at 16th and Scott streets, Covington, under the name of Hafner's Market, and now are interested in a drive-in theater at Ft. Myers.



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Form V. 5-1-A		COMMONWEALTH OF KENTUCKY		51 22987	
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS		FILE NO. 116	
		CERTIFICATE OF DEATH		REGISTRAR'S NO. 1070	
Registration District No. 790		Primary Registration District No. 6271			
1. PLACE OF DEATH a. COUNTY Kenton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Kenton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forest Hills		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forest Hills	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 4 Winona Drive			d. STREET ADDRESS (If rural, give location) 4 Winona Drive		
3. NAME OF DECEASED a. (First) Mary		b. (Middle) Henrietta		c. (Last) Henn	
4. DATE OF DEATH (Month) (Day) (Year) Nov 4, 1951		5. SEX Female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan 25, 1884		9. AGE (in years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Covington, Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Henry Busse		14. MOTHER'S MAIDEN NAME Elizabeth Henn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. William Dressman, daughter	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis and hypertension & diabetes mellitus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 hours 18 years 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X-083-17		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., 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 WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947 to Nov. 4, 1951, that I last saw the deceased alive on Sept 28, 1951, and that death occurred at 12:20 A.M., from the causes and on the date stated above.					
23a. DATE SIGNED Nov. 5, 1951		23b. ADDRESS 15 Cypress Ridge, Cov. Ky.		23c. SIGNATURE John A. Grayson D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Mother of God Cem.	
24d. LOCATION (City, town, or county) (State) Covington, Kentucky		25a. DATE REC'D BY LOCAL REG. NOV 6 - 1951		25b. REGISTRAR'S SIGNATURE Henry Linnemann Sons, Covington, Ky.	
25c. FUNERAL DIRECTOR ADDRESS		25d. FUNERAL DIRECTOR ADDRESS			