51071 This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.

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JUN 2 1978

[signature] REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

REGISTRAR-RECORDER LOS ANGELES COUNTY · CALIFORNIA ·

Rossmini Jones + Family
635 Main St.
K. Falls, OR 97601

78 JUL 2 AM 9 39

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 0190-005724

DECEDENT PERSONAL DATA

1a. Name of deceased—First name	Herbert
1b. Middle name	Adolph
1c. Last name	Hennes, Sr.
2a. Date of death	January 30, 1977
2b. Hour	11:03 A.M.
3. Sex	Male
4. Color or race	Caucasian
5. Birthplace	Indiana
6. Date of birth	October 19, 1901
7. Age	75 years
8. Name and birthplace of father	Henry Hennes - Germany
9. Maiden name and birthplace of mother	Ida Grace Smith - Indiana
10. Citizen of what country	U.S.A.
11. Social security number	568-12-4783
12. Married, never married, widowed, divorced	Married
13. Name of surviving spouse	Claudia South
14. Last occupation	Deputy Marshall
15. Number of years in this occupation	25
16. Name of last employing company or firm	Los Angeles County
17. Kind of industry or business	County Government

PLACE OF DEATH

18a. Place of death—name of hospital	Methodist Hospital of So. California
18b. Street address	300 West Huntington Drive
18c. Inside city corporate limits	Yes
18d. City or town	Arcadia
18e. County	Los Angeles
18f. Length of stay in county of death	52 years
18g. Length of stay in California	52 years

USUAL RESIDENCE

19a. Usual residence—street address	11427 Rosye Street
19b. Inside city corporate limits	Yes
19c. City or town	El Monte
19d. County	Los Angeles
19e. State	California
20. Name and mailing address of informant	Claudia S. Hennes - Wife, Same

PHYSICIAN'S OR CORONER'S CERTIFICATION

21b. Physician — attended from / last saw alive / date	1965 / 1/30/77 / 1/30/77
21c. Physician or coroner signature	[signature]
21d. Date signed	1/31/77
21e. Address	510 W. Foothill, Monrovia, Ca.
21f. License number	A10286

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. Specify burial, entombment or cremation	Burial
22b. Date	Feb. 2, 1977
23. Name of cemetery or crematory	Rose Hills Memorial Park
24. Embalmer—signature, license number	[signature] 4915
25. Name of funeral director	Rose Hills Mortuary
26. Not embalmed/reported to coroner	No
27. Local registrar—signature	[signature]
28. Date accepted for registration	FEB 2 1977

CAUSE OF DEATH

Part I	Cause	Approximate interval between onset and death
(A) Immediate cause	Acute Myocardial Infarction	10 d
(B) Due to, or as a consequence of	Coronary Thrombosis	10 d
(C) Due to, or as a consequence of	Coronary artery atherosclerosis	4 yrs

29. Part II. Other significant conditions: Essential hypertension
31. Biopsy/autopsy: No — 32a. No

INJURY INFORMATION

33. Specify accident, suicide or homicide — 34. Place of injury — 35. Injury at work — 36a. Date of injury — 36b. Hour — 37a. Place of injury — 38. — 39. — 40. Describe how injury occurred

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of July A.D., 19 78 at 9:39 o'clock A M., and duly recorded in Vol M78, of Deeds on Page 14224.

WM. D. MILNE, County Clerk
By [signature] Deputy

FEE $3.00