



[Stearns County \(Minn.\)](#)
[Probate Court: Probate case](#)
[files and index.](#)

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State of Minnesota,

County of Stearns

IN PROBATE COURT

19, 528

PETITION FOR COMMITMENT

In the Matter of the ~~Person~~
~~Mental Illness~~
~~of~~
~~John T. Hennemann~~
~~Spouse~~

of John T. Hennemann

Patient.

TO THE HONORABLE PROBATE JUDGE OF SAID COUNTY:

Your petitioner respectfully represents to the Court and alleges that John T. Hennemann
 whose address is 398 5th Avenue South, St. Cloud, Minn., is a mentally ill person.

That your petitioner is --- related to the said above named person as follows: spouse

That the indications of mental illness manifested by him are as follows:
 (Here give fully the symptoms on which the charge of mental illness is based.)

Schizophrenic reaction, chronic undifferentiated type; actively psychotic with many
 paranoid tendencies; patient's preoccupation with body functions suggest an underlying
 psychotic process.

That the said alleged mentally ill person will not appear in Court
 voluntarily, and that it will --- be necessary to issue a warrant to bring him before this Court.

That the names and addresses of the nearest relatives of the said patient are:

Name	Address	Relationship
Mrs. Jeanette Hennemann	398 5th Avenue South, St. Cloud	Spouse
Emil Hennemann	334 9th Avenue, Waite Park	Father
Mrs. Lorraine Hennemann	334 9th Avenue, Waite Park	Mother
Milo Hennemann	Chicago, Illinois	Brother
Mrs. Al (Carmen) Gross	312 13th Avenue North, St. Cloud	Sister
Mrs. Duane (Patricia) Albers	1717 7th Avenue South, St. Cloud	Sister

That said patient was born in St. Cloud, Minnesota is about 28
 years of age, and the parent of four children.

That his residence and place of legal settlement is Stearns County, Minnesota.
 (If not a resident of Minnesota, set out as fully as possible where he came from, how long he has been in the County
 named.)

That said alleged patient is not a United States War Veteran.

That no restraint has been employed.

That the supposed cause of mental illness is not known

That the said patient has been treated by Central Minnesota Mental Health Center, St. Cloud
V. E. Heile, M.D., St. Cloud, Minn.
That the said patient is the owner of the following described real and personal property, to wit:

None

WHEREFORE, your petitioner prays that this Court will make due inquiry into the matter, and to that end that said above named person be brought into said Court and examined as to said alleged mental illness and if found to be mentally ill that he be committed in accordance with the statutes in such case made and provided.

X Mrs. Jeanette Hennemann

State of Minnesota,

County of Stearns

} ss.

Mrs. Jeanette Hennemann, being first duly sworn, deposes and says that he is the petitioner in the foregoing petition; that he knows the contents thereof, and that the averments of said petition are true of her own knowledge, save as to such as are stated on information and belief, and as to those he believes them to be true.

X Mrs. Jeanette Hennemann

Subscribed and sworn to before me this

18th

day of

January

1963

My commission expires

Sept 16

1969

R. F. Hennemann, St. Cloud, Minn.
Notary Public, Stearns County, Minn.
My Commission Expires Sept. 16, 1969

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

mental illness

of John E. Hennemann

Patient.

PETITION FOR
COMMITMENT

Filed this 18th day of

January, 1963

Barbara B. Hennemann
Probate Judge - Clerk.

No. 394-P

STATE OF MINNESOTA,

County of Stearns }

IN PROBATE COURT

In the Matter of the }
 { Mental Illness
 { Senility
 { Dementia
 { Mental Deficiency
 { Epilepsy

ORDER FOR HEARING
AND
FOR EXAMINATION

of John E. Hennemann
Patient

Jeanette Hennemann, having filed in this court a petition alleging that the above named patient is a mentally ill person and praying for his commitment;

IT IS ORDERED, That such petition be heard and said patient be examined, in the Probate Court Room in the Court House in the City of St. Cloud, Minnesota on the 23rd day of January, 1963, at 10 o'clock A. M., and that notice hereof be given to said patient and Mr. & Mrs. Emil Hennemann, parents of above named patient.

by the service of a copy of this order upon each of them, personally, prior to said examination, and parents, by mail. You may request counsel if you so desire.
Dated January 18th, 1963.

(Probate Court Seal)

John Long
Probate Judge

0004 0208

AFFIDAVIT OF SERVICE

STATE OF MINNESOTA,

County of Stearns

David T. Dohlsen, being duly sworn, on oath says: that on the 22nd day of January, 1963, he served the foregoing order upon the patient therein named at 398-5th Ave. S., St. Cloud, Minn in said county and state by handing to and leaving with him personally a true copy thereof.

Subscribed and sworn to before me

this 22 day of January, 1963

Marie E. Rombowski

Notary Public

MARIE E. ROMBOWSKI, St. Cloud, Minn.

Notary Public, Stearns County, Minn.

My Commission Expires May 8, 1966

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE
mental illness

of John E. Hennemann Patient

ORDER FOR HEARING
AND
FOR EXAMINATION

ADMISSION OF SERVICE

I hereby admit due and personal
service of the within order this
day of _____, 19____

Attorney for Patient

County Attorney

Filed this 23rd
day of January, 1963

Charles E. Buckner
Probate Judge-Clerk

No. 3564-P

0004 0209

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the Mental Illness

of John E. Hennemann

Patient

ORDER APPOINTING
GUARDIAN AD LITEM

A petition having been filed in this Court alleging that the above named patient is a mentally ill person and praying for commitment; and it appearing that a guardian ad litem should be appointed to protect the interests of said person in said matter,

IT IS ORDERED, That Lloyd Stein of St. Cloud, Minnesota, be and he hereby is appointed guardian ad litem of said patient to act in all the proceedings herein.

Dated January 23rd, 19 63

(PROBATE COURT SEAL)

John Long
Probate Judge.

CONSENT

I do hereby consent to act as guardian ad litem of the patient named in the foregoing order for the purposes stated therein.

Dated January 23rd, 19 63

X-2000-0-2000
John Long

No. 19,528

State of Minnesota.

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Mental Illness

of John E. Hennemann
Patient.

ORDER APPOINTING
GUARDIAN AD LITEM

Filed this 23rd day of

January, 19 63

Rose Lynn Kephauze
Probate Judge-Clerk.

No. 3912*

0004 0211

State of Minnesota, } ss.
County of Stearns }

IN PROBATE COURT

In the Matter of the ~~Mental Illness~~
~~Schizophrenia~~
~~Insanity~~
~~Mental Deficiency~~
~~Epilepsy~~

of John E. Hennemann

To the Hon. R. J. Nierengarten, County Attorney of said County:

SIR: Please take notice that a petition has been filed with the above court alleging the

mental illness

of the above named patient.

Mental Illness—Senility—Insanity—Mental Deficiency—Epilepsy

You are hereby notified and required to appear at the examination of said patient to be held at my office on

the 23rd day of January, 1963 at 10 o'clock A. M., to represent

the petitioner in said matter and to take part in the said examination as provided by law.

Dated this 23rd day of January, 1963.

(Court Seal)

John E. Hennemann
Judge of Probate.

No. 19,528

State of Minnesota.

County of Stearns

IN PROBATE COURT

Notice to County Attorney

**Mental Illness, Senility, Inebriety,
Mental Deficiency, Epilepsy**

In the Matter of { Mental Illness
Sedition
Insolvency
Mental Deficiency
Epilepsy
of

John E. Hennemann

Due service of the within notice is
hereby admitted at _____

Minn., this day of
....., 19.....

County Attorney.

 $B_{\mathcal{N}}$

Filed in my office this 23rd day of
January 1963.

Clerk—Judge of Probate.

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the

Mental Illness
Insanity
Inebriety
Feeble-mindedness
Epilepsy

of John E. Hennemann

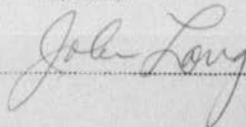
(1) Since the above named patient is not represented by counsel, It Is Ordered; That

Lloyd Stein of St. Cloud, Minnesota
be appointed Attorney for the said patient.

(2) It appearing to the Court that the above named patient is financially unable to pay for such counsel, It Is Ordered,
That the compensation of said Attorney, which is hereby fixed at \$ 10.00 per day, be paid by the County.

Dated this 23rd day of January, 1963.

(Court Seal)



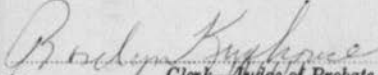
Probate Judge

State of Minnesota.County of Stearns**IN PROBATE COURT****APPOINTMENT of ATTORNEY
and FIXING COMPENSATION**Mental illness

In the Matter of the

Insanity //
Intoxication //
Feeble-mindedness //
Epilepsy //

of

John E. HennemannFiled this 23rd day ofJanuary, 1963
Clerk—Judge of Probate.

State of Minnesota.

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the

~~Mental Illness~~~~Serious~~~~Disorder~~~~Mental Deficiency~~~~or Insanity~~

APPOINTMENT OF EXAMINERS

of John E. Hennemann

Patient.

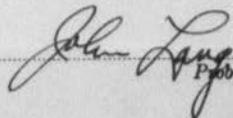
Upon all of the files, records and proceedings herein,

IT IS ORDERED, That Dr. P. E. Stangl and Dr. J. P. McDowell

are appointed to assist in the examination of said patient.

Dated this 23rd day of January, 1963.

(Probate Court Seal)


Probate Judge.

No. 19,528

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Mental Illness

of John E. Hennemann
Patient.

Appointment of
Examiners

Filed in my office this 23rd day of
January 1963

Rochester Kephau
Clerk—Judge of Probate.

No. 401-R-P

0004 0217

State of Minnesota, }

County of Stearns

IN PROBATE COURT

In the Matter of the ^{Mental Illness}
~~of~~ ~~John E. Hennemann~~
~~vs.~~ ~~Dr. P. E. Stangl~~
~~and~~ ~~Dr. J. P. McDowell~~
~~Examiners~~

OATH OF EXAMINERS

of John E. Hennemann

Patient.

State of Minnesota, }

County of Stearns

ss.

We Dr. P. E. Stangl and Dr. J. P. McDowell

do each swear that we will faithfully and justly perform all the duties of the office and trust which we now assume as members of the Board of Examiners to examine the above named patient, and determine as to his being mentally ill to the best of our ability.

x J. P. McDowell
 Dr. P. E. Stangl md

Subscribed and sworn to before me this 23rd day of January, 1963

(Probate Court Seal)

John Long
 Probate Judge - Ck/H

0004 0218

No. 19,528

State of Minnesota, } ss.
County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE ALLEGED

Mental Illness

of John E. Hennemann
Patient.

OATH OF EXAMINERS

Filed this 23rd day of

January, 19 63

Roselyn Kuehn
Probate ~~Judge~~ Clerk.

SOCIAL AND MEDICAL HISTORY REPORT **TO BE COMPLETED BY COURT**

Patient's Name (Last, First, Middle)

HENNEMANN, John Emil

Address

398 5th Avenue South, St. Cloud, Minnesota

Petitioner's Name

HENNEMANN, Jeanette

Relationship to Patient

Spouse

TO BE COMPLETED BY COUNTY WELFARE DEPARTMENT

County of Legal Settlement

Stearns

Date of Birth

9-22-34

Place of Birth

St. Cloud, Minnesota

Social Security No.

469-34-9976

Length of Time in U.S.?

Life

Citizen of U.S.?

Yes

Marital Status

Married

Date and Place of Marriage

7-14-56 - St. Augustine

Sex

Male

Race

White

Religion

Catholic

Color Eyes

Brown

Color Hair

Black

Weight

130

Height

5-4

Patient's behavior leading to petition for hearing: Describe factors which led to petition. Indicate source of information.

Schizophrenic reaction, chronic undifferentiated type; actively psychotic with many paranoid tendencies, patient's pre-occupation with body functions suggest an underlying psychotic process. Information provided by Central Minnesota Mental Health Center, St. Cloud, Minnesota.

MENTAL SIGNS AND SYMPTOMS: Indicate source of information

Appearance

Marked deterioration in his dress and general appearance.

Attitude of patient to others

Suspicious, feels that people are "against him."

Mood

Stable

Content of thought (fears, delusions, obsessions, etc.)

Feels that someone is sending radio waves which upset his thought process. Also, preoccupation with body functions with little or no organic basis.

Hallucinations: Indicate type (hearing, seeing, or feelings — things that actually do not exist)

Evidence of hallucinations — feeling and visual.

Intellect and Memory: Indicate psychological test data, if available.

Mental Health Center — 1-9-63; Patient is seen as being rather dull, with a verbal I.Q. of 86 and a performance I.Q. of 92.

Orientation as to time, place, and person

Appears to be oriented in all spheres.

Describe patient's adjustment and personality prior to onset of illness. (Significant facts of early life. Include school adjustment and age at which highest grade was attained. Describe any anti-social behavior. Give source of information.)

Little is known of the patient's childhood. According to his spouse, he had a grade school education, was not too interested in school, and had no real behavior problems. According to the patient's spouse and the Central Minnesota Mental Health Center, his condition is further deteriorating and the need for hospitalization is quite apparent.

0004 0220

WORK RECORD: Give jobs in chronological order. Get verified information whenever possible.

Employer and Address	Kind of Work	Dates	Wage	Reason for Leaving
Park Department City of St. Cloud	Laborer	March, 1962 May, 1962		Laid-off because of his bizarre behavior and inability to perform his work assignments.
Great Northern Rwy. St. Cloud, Minnesota	Laborer - section hand	1955 to 1961		Seasonal employment - never got called back after "lay-off".

MEDICAL HISTORY: Indicate only major events believed by patient or family to be significant in relation to present illness. Give dates and places of any previous hospitalization for mental illness, senility or alcoholism. Include any intemperate use of alcohol or drugs. Does patient have any acute or chronic illness or handicap? Give source of information.

Patient drinks very little and smokes excessively. Weave glasses when reading or doing "close-up" work. Patient was seen by Dr. V. A. Neils, St. Cloud, because of complaints having to do with frequent urination and other physiological problems. The doctor found little or no organic base. Patient's spouse' eligibility for ADC from this agency is based on patient's mental illness. Dr. Neils referred patient to MEC and that center indicated that since his condition is still further deteriorating, that the need for hospitalization becomes quite apparent.

Describe patient's home situation including family relationships and attitudes. (What does family think of patient? What does patient think of family?) Indicate briefly, living conditions (physical) in relation to care of patient.

Patient's spouse appears to be sincerely interested in his mental health condition.

Resources available for care of patient if not hospitalized: Availability of suitable nursing, boarding, or relative home, etc.

PATIENT'S PROPERTY		Monthly Income from Property or Pensions	PATIENT'S DEBTS	
Type	Pres. Cash Val.		To Whom Owed? (Name and Address)	Amount
None				

Name of company and types of hospital insurance carried by patient

None

Name and address of responsible relative Mrs. Jeanette Hennemann, 398 5th Avenue South, St. Cloud, Minn.

INCOME OF RESPONSIBLE RELATIVE		DEBTS OF RESPONSIBLE RELATIVE		
Give employer's name	Monthly	Type of Debt or Expense	Amount	Monthly Payment
Pensions, OASI, etc.				
Dividends and Interest				
Rent				
Salary				
TOTAL INCOME				
PROPERTY OF RESPONSIBLE RELATIVE		DEPENDENTS OF RESPONSIBLE RELATIVE		
Patient's spouse receives ADC from Stearns County Welfare Agency, St. Cloud, Minn.		Name	Relationship	Age
		Daryl Thomas	Son	6
		Douglas	Son	3
		Debra Jean	Daughter	2
		Diane	Daughter	8 mos.

0004 0221

Discharge Planning: With whom should such plans be made when discharge becomes possible? Indicate relationship.

Discharge plans should be made with patient's spouse, Mrs. Jeanette Henneman, and the County Welfare Department.

Worker's Impression: Evaluation of present situation.

According to available information from patient's spouse, and the mental health center, one can conclude that patient is still further deteriorating and the need for hospitalization becomes quite apparent.

FAMILY OF PATIENT: Father, Mother*, Brothers, Sisters, Spouse*, Children *Give maiden name

Name	Date & Place of Birth	Address	Occupation	S.S. No.	C #	Mental or Phys. Disab.
Father						
Emil Hennemann	51 years of age	334 9th Avenue, Waite Park, Minn.	Temp. unemployed			Not known
Mother*						
Lorraine Ader	48 years of age	334 9th Avenue	Housewife			Not known
Brothers — Sisters						
Carmen (Mrs. Al Gross)						
Fat (Mrs. Duane Albers)						
Mylo, Dennis, and Linda						
Spouse*	Stearns County	398 5th Avenue So. St. Cloud, Minn.	Housewife	469-40-2458		Good health
Jeanette Storms	1-18-38					
Children						
Daryl Thomas	9-29-56 St. Cloud	398 5th Avenue So.				
Douglas	11-17-59	398 5th Avenue So.				
Debra Jean	2-11-61	398 5th Avenue So.				
Diane	5-2-62	398 5th Avenue So.				

County Welfare Department

Stearns

Date

1-18-63

Signature of Welfare Director

TO BE FILLED OUT BY THE PHYSICIAN: Additional or different information than already stated relative to the following:

Patient's behavior leading to petition for hearing:

For eight months - Paranoid tendencies. Sleepless - restless

Mental signs and symptoms:

Unstable and incoherent conversation {much mental therapy - without result}

Attitude of patient

Paranoid toward his wife -

Mood and content of thought

Unstable - talkative - feels his thinking has an outwork control -

Hallucinations

None apparent -

Intellect and memory orientation

Within normal but low grade & unstable

Medical history: including current medications

None of record

Has patient threatened or injured others? If so, how?

no

Has patient threatened or attempted suicide? If so, how?

no

Does patient have a propensity to suicide now? If so, how manifested?

no

Is patient destructive? If so, how?

no

Name of family physician

Signature of examining physician

M.D.

Signature of examining physician

M.D.

0004 0222

STATE OF MINNESOTA

IN PROBATE COURT

County of Stearns

Findings of the

BOARD OF EXAMINERS

In the Matter of the Mental Illness
Senility /
Insanity /
Psychopathic Personality /

Of John E. Hennemann

We, the Board of Examiners, in the above entitled proceedings, hereby certify and report that on Jan. 23 19 63
 at 10 o'clock in the fore noon of said day we met at the Court House in the City of St. Cloud, Minnesota
Name of City or Village

for the purpose of determining whether the above named is a mentally ill person, as alleged in the petition in the
(Mentally Ill, Senile, Inebriate)
 above entitled proceeding.

R. J. Nierengarten

County Attorney appeared in behalf of petitioner, and

Lloyd Stein

attorney at law, appeared in behalf of said patient who was personally present and was examined and observed by us. All proper
 testimony offered by interested persons was received and considered.

From the examination so made by us and upon due consideration of all of the testimony received, we find and determine that
 the above named is a mentally ill person and the court finds that commitment to an institution for the care of
 mentally ill - senile / inebriate and psychopathic personality is necessary for the welfare and protection of the patient and society.

Dated at St. Cloud, MinnesotaThis 23rd day of January 19 63

J. P. McDowell M.D.
P. E. Stangl M.D.
John Long
 Judge of Probate

STATE OF MINNESOTA

County of Stearns

PROBATE COURT

REPORT OF EXAMINATION

DPW - Med.-1042 (Rev. 2-60)

In the Matter of

John E. Hennemann

a mentally ill person
/a senile person /
/an inebriate person /
/a psychopathic personality /

Filed January 23, 1963

Paula K. Buehler
 Clerk - Judge of Probate

0004 0223

State of Minnesota,

County of Stearns

} ss.

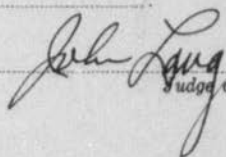
IN PROBATE COURT

CERTIFICATE

This is to certify that Dr. P. E. Stangl

of St. Cloud, Minnesota is a reputable person, a graduate
of Rush Medical College which is an incorporated medical
college; that he is a permanent resident of this State, has been in the actual practice of the profession of medicine for at least
one year next preceding to the date hereof, and is registered as licensed by the State Board of Medical Examiners; that he is
neither superintendent, proprietor, an officer, or regular medical attendant of any institution for the care and treatment of
mental illness

(SEAL)


Judge of Probate.

Dated January 23, 1963

(Note—A copy of this certificate is to be filed in the Court and original delivered to the doctor. Sec. 3857. R. L. 1905.)

0004 0226

State of Minnesota, }

County of Stearns

PROBATE COURT

IN THE MATTER OF

the Mental Illness

of John E. Hennemann

CERTIFICATE

Filed January 23rd

, 1963

Rachel Kuhlmann
Clerk of Probate Court

Form prescribed by State Board of
Control, pursuant to Sec. 3871, Revised
Laws of 1905.

State of Minnesota,
County of Stearns

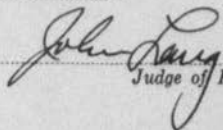
} ss.

IN PROBATE COURT
CERTIFICATE

This is to certify that Dr. J. P. McDowell

of St. Cloud, Minnesota is a reputable person, a graduate
of Milwaukee University which is an incorporated medical
college; that he is a permanent resident of this State, has been in the actual practice of the profession of medicine for at least
one year next preceding to the date hereof, and is registered as licensed by the State Board of Medical Examiners; that he is
neither superintendent, proprietor, an officer, or regular medical attendant of any institution for the care and treatment of
mental illness

(SEAL)


Judge of Probate.

Dated January 23rd, 1963

(Note—A copy of this certificate is to be filed in the Court and original delivered to the doctor. Sec. 3857. R. L. 1905.)

0004 0228

State of Minnesota, }
County of Stearns

PROBATE COURT

IN THE MATTER OF

the Mental Illness

of John E. Hennemann

CERTIFICATE

Filed January 23rd

, 19 63

Franklin Kuehner
Clerk of Probate Court

Form prescribed by State Board of
Control, pursuant to Sec. 3871, Revised
Laws of 1905.

State of Minnesota,

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the ^{Mental Illness}
~~Sheriff~~Warrant of Commitment
and Superintendent's Receipt

of John E. Hennemann


Patient.

To the Sheriff of Stearns County, Minnesota, and the Superintendent
of the State Hospital, Anoka, Minnesota.

The above named patient having been found to be mentally ill, the said
sheriff is commanded to convey and deliver such patient forthwith to the Superintendent of the State Hospital at
Anoka, Minnesota, and the said Superintendent is commanded to receive
and detain such patient in said hospital according to law.

Dated this 23rd day of January, 1963

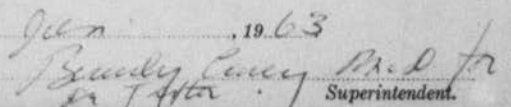
(PROBATE COURT SEAL)


Probate Judge.

RECEIPT OF SUPERINTENDENT

Receipt of the above named patient, a duplicate of this warrant, and a certified copy of the report of examination
are hereby acknowledged.

Dated this 23 day of Jan, 1963


Superintendent.

0004 0230

No. 19,528

State of Minnesota,

County of Stearns

IN PROBATE COURT

IN THE MATTER OF THE

Mental Illness

of John E. Hennemann

Patient.

Warrant of Commitment
and
Superintendent's Receipt

Voucher No.

Filed this 23rd day of

January, 19 63

Paulyn K. H. [Signature]
Probate Clerk.

No. 409 1/2 R-P

0004 0231

State of Minnesota,
County of Stearns

}

IN PROBATE COURT

IN THE MATTER OF

Mental Illness of

John E. Hennemann.

JUDGMENT

The above entitled proceeding having been duly commenced by petition and said

John E. Hennemann

having been personally before the Court, and

examined as to mental illness by a Board of Examiners duly appointed by this Court, and the report of said Board of Examiners having been duly filed herein, whereby said John E. Hennemann has been found to be mentally ill and in need of care and treatment in a State Institution.

NOW, THEREFORE, Upon reading and filing said report and upon all the records and proceedings herein, IT IS HEREBY ADJUDGED AND DETERMINED, and the Court does hereby adjudge and determine, that the said John E. Hennemann is mentally ill and a proper person for care and treatment in a State Institution.

WHEREFORE, IT IS HEREBY ORDERED AND ADJUDGED, That the said

John E. Hennemann

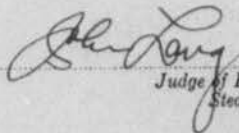
be committed to the custody of

Superintendent, Anoka State Hospital

and that triplicate warrants of

commitment be issued out of and under the seal of this Court, as provided by law, to carry this judgment into effect.

Dated January 23rd, 19 63.



Judge of Probate,
Stearns County.

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF

Mental Illness of

John E. Hennemann

JUDGMENT

Filed January 23, 1963

Rouven Buehner
Clerk of Probate Court.

Recorded in Book 2
of Judgments, page 207

State of Minnesota,

County of Stearns

PROBATE COURT

STATEMENT OF PROPERTY

In the Matter of

John E. Hennemann,

Mentally Ill Person - ~~State / Probate /~~
~~Appellate / Person / Supporting / Dependency /~~

On January 23, 1963, this Court committed John E. Hennemann
to the Anoka Minnesota State Hospital.

In accordance with Laws of Minnesota 1947, Chapter 622, Section 4, I find the property of said patient and of the
persons upon whom liability is imposed by law for his care and support is as follows:

STATEMENT OF PROPERTY OF PATIENT, SPOUSE, CHILDREN OR PARENTS:

(State which)

1. REALTY:

A. Homestead

Description

2. Value

3. House

Value \$

4. Other buildings on Homestead

Kind

5. What used for

6. Value of such buildings

7. Annual income from Homestead

8. Are there any mortgages or liens against the above realty

Amount

When due

B. Other lands:

1. Description

2. Value

3. Buildings thereon

4. Rented or not

5. Annual income

6. Are there any mortgages or liens against the above lands

Amount

When due

C. Household goods

Value \$

D. Stock list

Value \$

E. Machinery list

Value \$

F. Notes, mortgages, corporate stocks, bonds, etc., list

G. Cash

H. Other property

None - A.D.C. case

Total, \$

0004 0234

LIABILITIES:

List all debts and claims against patient:

.....

.....

Total \$

Net Value of Estate, \$

FAMILY:

Spouse	Jeanette Hennemann	Address	398-5th Ave. So, St. Cloud	Age
Children		Address		Age
	4 minor children	Address		Age
		Address		Age
		Address		Age
Parents	Mr. & Mrs. Emil Hennemann	Address	334-9th Ave. Waite Park, Minn.	Age
		Address		Age
Guardian		Address		

Dated January 23, 1963

(PROBATE COURT SEAL)

John Long
Probate Judge.

File No. 19,528

State of Minnesota,

County of Stearns

PROBATE COURT

In the Matter of

John E. Hennemann,
Mentally Ill Person + Severe Person
Admitted Hospital - 11/11/61

Statement of Property

Filed this 23rd day of
January, 1963
Becky Beghous
Clerk of Probate
No. 1117-P

State of Minnesota, }
County of Stearns } ss.

IN PROBATE COURT,
EXAMINER'S FEE CLAIM.

In the Matter of the Mental Illness }
of John E. Hennemann }

Dr. P. E. Stangl on being first duly sworn, says that he has a
just and true claim against said County for services in the above entitled matter as follows:

Services as examiner - - - - - \$10.00

2 mile of necessary travel at 15c per mile - - \$.30

TOTAL \$ 10.30

P. E. Stangl md

Subscribed and sworn to before me this 23rd day of January 19 63

John Lang

Judge of Probate.

19,528

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE

Mental Illness

of John E. Hennemann

EXAMINER'S FEE CLAIM

Filed this 23rd day of

January 19 63

Richard K. Kupper
Clerk ~~Judge~~ of Probate.

State of Minnesota, }
County of Stearns } ss.

IN PROBATE COURT,
EXAMINER'S FEE CLAIM.

In the Matter of the Mental Illness }
of John E. Hennemann }

Dr. J. P. McDowell on being first duly sworn, says that he has a
just and true claim against said County for services in the above entitled matter as follows:

Services as examiner - - - - - \$10.00

2 mile of necessary travel at 15c per mile - - \$.30

TOTAL - - \$ 10.30

Subscribed and sworn to before me this 23rd day of January 1963

John Long
Clerk Judge of Probate.

0004 0238

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE

Mental Illness

of John E. Hennemann

EXAMINER'S FEE CLAIM

Filed this 23rd day of

January 19 63

Russell A. Kuyper
Clerk—Judge of Probate.

State of Minnesota,

County of Stearns

}

IN PROBATE COURT
EXAMINER'S-FEE ORDERIN THE MATTER OF THE Mental Illness
of John E. Hennemann }

Dr. J. P. McDowell

having been duly appointed an examiner in

Mental Illness

in the above entitled matter by an order of this Court and

having filed his duly verified claim for fees allowed by law therefor.

Now, therefore, it is hereby ordered and adjudged that the said Dr. J. P. McDowell

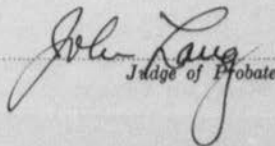
be and he hereby is allowed

Ten and 30/100 - - - - - Dollars (\$10.30)

for his services herein and that upon filing this order with the Auditor of said County an order for said amount shall be drawn
by said Auditor upon the Treasurer of said County.

Dated January 23rd, 1963

By the Court,


Judge of Probate

0004 0240

State of Minnesota,

County of Stearns

PROBATE COURT

In the Matter of the Mental Illness

of John E. Hennemann

Examiner's-Fee Order

Filed this 23rd day of

January, 1963

Raeclp. Kitchman
Clerk—Judge of Probate

State of Minnesota,

County of

ss.

I, _____ of the Probate Court of said County, do hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In testimony whereof, I have herunto affixed the seal of the Probate Court of said County, and signed my name this _____ day of _____, 19____.

Clerk—Judge of Probate

State of Minnesota,

County of Stearns

}

IN PROBATE COURT
EXAMINER'S-FEE ORDER

IN THE MATTER OF THE Mental Illness

of John E. Hennemann

Dr. P. E. Stangl

having been duly appointed an examiner in

Mental Illness

in the above entitled matter by an order of this Court and

having filed his duly verified claim for fees allowed by law therefor.

Now, therefore, it is hereby ordered and adjudged that the said Dr. P. E. Stangl

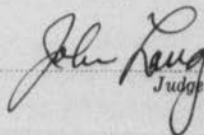
be and he hereby is allowed

Ten and 30/100 - - - - - Dollars (\$10.30)

for his services herein and that upon filing this order with the Auditor of said County an order for said amount shall be drawn by said Auditor upon the Treasurer of said County.

Dated January 23rd, 1963

By the Court,



Judge of Probate

0004 0242

State of Minnesota,

County of Stearns

PROBATE COURT

In the Matter of the Mental Illness

of John E. Hennemann

Examiner's-Fee Order

Filed this 23rd day of

January, 19 63

Roselyn Kishman
Clerk—~~Judge~~ of Probate

State of Minnesota.

County of

ss.

I, _____ of the Probate Court of said County, do hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In testimony whereof, I have hereto affixed the seal of the Probate Court of said County, and signed my name this _____ day of _____, 19 ____.

Clerk—Judge of Probate

State of Minnesota }
COUNTY OF STEARNS }

IN PROBATE COURT

In the Matter of the MENTAL ILLNESS of

JOHN E. HENNEMAN

Fee Claim -- Officer

DARREL W. HURD on being first duly sworn says that he has a just and true claim against said County for services and disbursements by reason of the conveyance of the said MENTALLY ILL person to the STATE HOSPITAL at ANOKA

in said State, more particular set forth, as follows:

Transportation from St. Cloud, Minn., to ANOKA (52 miles @ 10¢) for 2 persons \$ 5.20
Taxi fare at \$
Hotel at \$
Lodging and meals for 2 persons \$.65
Transportation from ANOKA (52 miles @ 10¢) to St. Cloud, for 1 persons \$ 5.20
Reasonable compensation of assistants \$
Warrant and mileage \$ XXXXXXXX
Bringing and attending Court \$
..... \$
..... \$

Total \$ 11.25

DARREL W. HURD

PETER LAHR

Sheriff of Stearns County, Minn.

Subscribed and sworn to before me this

4 day of Feb. 1963

A. D. HINNEMANN
A. D. HINNEMANN
Deputy County Auditor

Notary Public, Stearns County, Minn.

My Commission Expires

By

Deputy

0004 0244

19,528

State of Minnesota }
COUNTY OF STEARNS }

PROBATE COURT

In the Matter of the mental ill of

John E. Hennemann

Fee Claim -- Officer

Filed this 5th

day of February A. D. 19 63

Rosely Kuylen
Clerk ~~of~~ of Probate

Form prescribed by State Board of Control pursuant to
Sec. 3871, Revised Laws 1905

0004 0245

State of Minnesota,

County of Stearns

}

IN PROBATE COURT
OFFICER'S FEE ORDER

IN THE MATTER OF THE mental illness

of John E. Hennemann

Darrel W. Hurd

having been duly authorized by this Court to convey
the above named person to the State Hospital and having filed herein his duly verified claim for fees allowed by law therefor.

Now therefore, it is hereby ordered and adjudged that the said

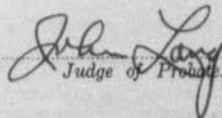
Darrel W. Hurd

be and he hereby is allowed

Eleven and 25/100- - - - - Dollars (\$11.25) for his services herein and

all disbursements actually and necessarily made for travel and expenses of himself, the patient, and assistants, and that upon
filing this order with the Auditor of said County an order for said amount shall be drawn by said Auditor upon the Treasurer
of said County.

By the Court,


Judge of Probate.

Dated February 5th

19 63

0004 0246

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE Mental Illness

of John E. Hennemann

OFFICER'S FEE ORDER

B. C. 12 D.

Filed this 5th day of February

19 63

Reuben Kuylenae
Clerk—Judge of Probate.

State of Minnesota.

ss.

County of

I,

do hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office of the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In Testimony Whereof, I have hereunto affixed the seal of the Probate Court of said County, and signed my name

this

day of

19

Clerk—Judge of Probate.

State of Minnesota,

} ss.

County of Stearns

IN PROBATE COURT

In the Matter of the

Mental Illness
 / Senility /
 / Imbecility /
 Mental Deficiency /
 Epilepsy /

of John E. Hennemann

Lloyd Stein

being first duly sworn, says that he has a just and

true claim against said County for services rendered as Attorney for said patient at a hearing before the Probate Court of said

County held on the 23rd day of January, 19 63

That he was appointed as Attorney for said patient by the Order of said Court dated the 23rd

day of January, 19 63, and that his compensation was fixed at \$ 10.00 per day in said order;

That there is now due him for such services the sum of \$ 10.00

Subscribed and sworn to before me this

23rd day of January, 19 63

Judge of Probate

X Lloyd O. Stein

0004 0248

State of Minnesota.

County of Stearns

PROBATE COURT

Attorney's Fee Claim

In the Matter of the

Mental Illness
 Senility
 Inebriety
 Mental Deficiency
 Epilepsy

of

John E. Hennemann

Filed this 23rd day of January

19 63.

Boyle K. Kuylenae
 Clerk—Judge of Probate.

State of Minnesota.

County of

ss.

I, _____ of the Probate Court of said County,
 do hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office
 of the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In Testimony Whereof, I have hereunto affixed the seal of the Probate Court of said County, and signed my name this

day of _____

19 _____

Clerk—Judge of Probate.

State of Minnesota.

County of Stearns

} ss.

IN PROBATE COURT

In the Matter of the

Mental Illness
 Schizophrenia
 Inebriety
 Mental Deficiency
 Epilepsy

of John E. Hennemann

Lloyd Stein

having been duly appointed as Attorney

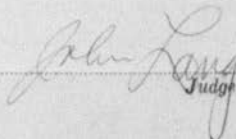
for said patient by this Court and the Court having determined that said patient is financially unable to pay for said services
 and the said Lloyd Stein

having filed his claim for such services in this Court, Now Therefore, It Is Hereby Ordered and Adjudged that the said

Lloyd Stein

be and he hereby is allowed
 the sum of \$ 10.00, for his services in said matter, and that upon filing this Order with the County Auditor of
 said County an order for said amount shall be drawn in his favor by said Auditor upon the Treasurer of said County.

By the Court,


 Judge of Probate.

Dated January 23rd,

1963

0004 0250

State of Minnesota,

County of Stearns

PROBATE COURT

ATTORNEY'S FEE ORDER

In the Matter of the ~~Mental Illness~~
~~Schizophrenia~~
~~Insanity~~
~~Mental Deficiency~~
~~Idiotcy~~
 of

John E. Hennemann

Filed this 23 day of January,

19 63.

Carolyn Kephouse
 Clerk Judge of Probate.

Filed in my office this day of

, 19, and paid by

Warrant No.

County Auditor.

By Deputy

No. 252 P

County of }
State of Minnesota.

ss.

I, _____ of the Probate Court of said County,
 do hereby certify that I have compared the within order with the original thereof on file and of record in the Probate office
 of the County aforesaid, and that the same is a true copy thereof, and of the whole of said original order and record.

In Testimony Whereof, I have herunto affixed the seal of the Probate Court of said County, and signed my name
 this _____ day of _____ 19 _____

Clerk—Judge of Probate.

REPORT TO
PROBATE COURT

ANOKA STATE HOSPITAL

19,528

In conformance with Minnesota Statutes 253.10, 253.16, 525.735-1, 525.753-4 and 525.762.1. This Report is Submitted From the Above Named Hospital

To Probate Court of Stearns County Date of Report 3-23-63
NAME (Last, First, Middle) HENNEMANN, John Emil Date of Commitment 1-23-63

Item No. The number listed to the left and also checked below reports a change in Status for the patient named above.

- ☐ 1. Provisional Discharge to _____ (Name)

(Address)
- ☐ 2. Expiration of Provisional Discharge.
- ☐ 3. Revocation of Provisional Discharge.
- ☐ 4. Extension of Provisional Discharge to _____ 19____.
- ☐ 5. Discharge as Recovered.
- ☐ 6. Discharge by Commissioner of Public Welfare.
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge or Deportation to _____
- ☐ 9. Discharge to Veterans Hospital at _____
- ☐ 10. Transfer to _____ State Hospital.
- ☐ 11. Escape
- ☐ 12. Return from Escape
- ☐ 13. Death Due to _____
Age at Death _____ Duration of last Illness _____
- ☒ 14. Report of findings
Diagnosis _____ Mentally Ill
Condition _____ Fair

☒ Further Institutional Care and Treatment Are Needed.

☐ Further Institutional Care and Treatment Are Not Needed.

Superintendent's Signature Jerome D. Textor, M.D. Date 3-23-63

CC Stearns

Jerome D. Textor, Acting Medical Director

CC Central Office

County Welfare Board.

Department of Public Welfare (only for items not on Daily Population Report)

DPW Med 1185
nb

Report to Probate Court

FILED THIS 25th DAY

OF March 1963

Rochester Kuyhausen
CLERK OF PROBATE

0004 0252

REPORT TO
PROBATE COURT

19,528
AOKA STATE HOSPITAL

19,528

In Compliance with Minnesota Statutes 253.10, 253.16, 253.735-1, 253.753-4 and 253.752... This Report is Submitted From the Above Named Hospital.

To Probate Court of Stearns County 5-15-63
NAME (Last, First, Middle) Date of Commitment

HENNEMANN, John

1-23-63

Item No. The number listed to the left and also checked below reports a change in Status for the patient named above.

- ☒ 1. Provisional Discharge to Mrs John Henneman, Wife
(Name)
398 - 5th Ave. So., St. Cloud, Minnesota
(Address)
- ☐ 2. Expiration of Provisional Discharge.
- ☐ 3. Revocation of Provisional Discharge.
- ☐ 4. Extension of Provisional Discharge to _____ 19____
- ☐ 5. Discharge as Recovered.
- ☐ 6. Discharge by Commissioner of Public Welfare.
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge or Deportation to _____
- ☐ 9. Discharge to Veterans Hospital at _____
- ☐ 10. Transfer to _____ State Hospital.
- ☐ 11. Escape
- ☐ 12. Return from Escape
- ☐ 13. Death Due to _____
Age at Death _____ Duration of last Illness _____
- ☐ 14. Report of Findings
Diagnosis _____
Condition _____

☐ Further Institutional Care and Treatment Are Needed.

☐ Further Institutional Care and Treatment Are Not Needed.

Superintendent's Signature Jerome D. Textor, M.D. Date 5-17-63
Jerome D. Textor, M.D., Acting Medical Director

CC Stearns County Welfare Board.

FILED THIS 21st DAY
OF May 1963

Racine Kaufman

Department of Public Welfare (Only for items not on Daily Population Report)

DPW Med 1185

ea

Report to Probate Court

0004 0253

ANOKA STATE HOSPITAL
(INSTITUTION)

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF Stearns		COUNTY	DATE OF REPORT 5-18-64
NAME (LAST, FIRST, MIDDLE) HENNEMANN, John			DATE OF COMMITMENT 1-23-63
ITEM NO. 1	THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.		DATE ACTION TAKEN 5-15-64

- ☐ 1. Provisional Discharge to _____ (NAME)

(ADDRESS)
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☒ 4. Extension of Provisional Discharge to May 15, 19 65
- ☐ 5. Discharge as Recovered
- ☐ 6. Discharge by Commissioner of Public Welfare *
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation to _____
- ☐ 9. Discharge to Veterans Hospital at _____
- ☐ 10. Transfer to State Hospital at _____
- ☐ 11. Escape
- ☐ 12. Return from Escape
- ☐ 13. Death due to _____

Age at Death _____ Duration of Last Illness _____

FILED THIS 20th DAY

- ☐ 14. Report of Findings

OF May A.D. 19 64

Diagnosis _____

Condition _____

- ☐ A. Further Institutional Care and Treatment ARE needed.
- ☐ B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGED in accordance with Minnesota Statutes.

Superintendent's Signature

John A. Docherty, M.D.
John A. Docherty M.D., Medical Director

ap

COPIES { Stearns
Mr. & Mrs. John Hennemann, 398 5th Avenue South, St. Cloud, Minnesota
TO { Department of Public Welfare (only for items NOT on Daily Population Report, DPW - STAT - 28)

* Item 6 shall not include patients released by the Commissioner who are under commitment to the Commissioner.

ANOKA STATE HOSPITAL
(INSTITUTION)

19,528

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF

STEARNS

COUNTY

DATE OF REPORT
8-28-64

NAME (LAST, FIRST, MIDDLE)

HENNEMANN, John Emil

DATE OF COMMITMENT
1-23-63

ITEM NO.

2

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

DATE ACTION TAKEN

- ☐ 1. Provisional Discharge to _____ (NAME)
_____, 19____ (ADDRESS)
- ☒ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 5. Discharge as Recovered
- ☐ 6. Discharge by Commissioner of Public Welfare *
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation to _____
- ☐ 9. Discharge to Veterans Hospital at _____
- ☐ 10. Transfer to State Hospital at _____
- ☐ 11. Escape
- ☐ 12. Return from Escape
- ☐ 13. Death due to _____

FILED IN S. 8th DAY
OF September A.D. 1964
Robert R. Kuhlman
CLERK OF PROBATE

Age at Death _____ Duration of Last Illness _____

- ☐ 14. Report of Findings
Diagnosis _____
Condition _____
☐ A. Further Institutional Care and Treatment ARE needed.
☐ B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGED
in accordance with Minnesota Statutes.

Medical Director's
Signature

John A. Docherty, M.D.
John A. Docherty, M.D.
County Welfare Board

COPIES
TO

Department of Public Welfare (only for items NOT on Daily Population Report, DPW - STAT - 28)

* Item 6 shall not include patients released by the Commissioner
who are under commitment to the Commissioner.

0004 0255

ANOKA STATE HOSPITAL

(INSTITUTION)

19,528
19,528

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF

STEARNS

COUNTY

DATE OF REPORT

1-27-65

NAME (LAST, FIRST, MIDDLE)

HENNINGMAN, John Emil

DATE OF COMMITMENT

1-23-63

ITEM NO.

1

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

DATE ACTION TAKEN

1-1-65

☒ 1. Provisional Discharge to

Jeanette Henneman, wife

(NAME)

Address on release: Same

308 5th Ave. So., St. Cloud, Minn.

(ADDRESS)

☐ 2. Expiration of Provisional Discharge

☐ 3. Revocation of Provisional Discharge

☐ 4. Extension of Provisional Discharge to

, 19

☐ 5. Discharge as Recovered by Superintendent (Minn. Stat. 253.16)

☐ 6. Discharge by Commissioner of Public Welfare*

☐ 7. Discharge by Court Order Issued by

☐ 8. Discharge and Deportation to

☐ 9. Discharge to Veterans Hospital at

☐ 10. Transfer to State Hospital at

☐ 11. Escape

☐ 12. Return from Escape

☐ 13. Death due to

FILED THIS 3rd DAY
OF February A.D. 19 65
Rosalyn B. Buckhouse
CLERK OF PROBATE

Age at Death _____ Duration of Last Illness _____

☐ 14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days
(MSA 525.753 Subd. 1)

Diagnosis ☐ Mentally ill ☐ Senile ☐ Inebriate

Condition ☐ Recovered ☐ Improved ☐ Unimproved ☐ Other

☐ A. Further Institutional Care and Treatment ARE needed.

☐ B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGED in
accordance with Minnesota Statutes.

Medical Director's Signature

John A. Docherty, M.D.
John A. Docherty, M.D.

COPIES

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2nd copy - County Welfare Board - Stearns
3rd & 4th copies - DPW
5th copy - Patient's Medical File

*Item 6 shall not include patients released by the Commissioner
who are under commitment to the Commissioner.

REPORT TO PROBATE COURT
DPW-MED-1185 (7-64) 41

0004 0256

ANOKA STATE HOSPITAL

(INSTITUTION)

19,528

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF		STEARNS	COUNTY	DATE OF REPORT 9-21-65
NAME (LAST, FIRST, MIDDLE)		HENNEMANN, John Emil		DATE OF COMMITMENT 1-23-63
ITEM NO. 3	THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.			DATE ACTION TAKEN 9-17-65

- ☐ 1. Provisional Discharge to _____ (NAME) _____

(ADDRESS)
- ☐ 2. Expiration of Provisional Discharge
- ☒ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19__
- ☐ 5. Discharge as Recovered by Superintendent (Minn. Stat. 253.16)
- ☐ 6. Discharge by Commissioner of Public Welfare*
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation to _____
- ☐ 9. Discharge to Veterans Hospital at _____
- ☐ 10. Transfer to State Hospital at _____
- ☐ 11. Escape
- ☐ 12. Return from Escape
- ☐ 13. Death due to _____

FILED THIS 27th DAY
OF September A.D. 1965
Kathleen Bushouse
CLERK OF PROBATE

Age at Death _____ Duration of Last Illness _____

- ☐ 14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 525.753 Subd. 1)
- | | | | |
|--|---------------------------------------|-----------------------------------|-------------------------------------|
| Diagnosis | <input type="checkbox"/> Mentally ill | <input type="checkbox"/> Senile | <input type="checkbox"/> Inebriate |
| Condition | <input type="checkbox"/> Recovered | <input type="checkbox"/> Improved | <input type="checkbox"/> Unimproved |
| <input type="checkbox"/> A. Further Institutional Care and Treatment ARE needed.
<input type="checkbox"/> B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGED in accordance with Minnesota Statutes. | | | |

Medical Director's Signature 161

John A. Docherty, M.D.
Medical Director

COPIES

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2nd copy - County Welfare Board - Stearns
3rd & 4th copies - DPW
5th copy - Patient's Medical File

878

* Item 6 shall not include patients released by the Commissioner who are under commitment to the Commissioner.

0004 0257

ANOKA STATE HOSPITAL

(INSTITUTION)

19,528

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF

STEARNS

COUNTY

DATE OF REPORT

12-17-65

NAME (LAST, FIRST, MIDDLE)

HENNEMANN, John Emil

DATE OF COMMITMENT

1-23-63

ITEM NO.

1

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

DATE ACTION TAKEN

12-15-65

☒

1. Provisional Discharge to

Mr. & Mrs. Emil Hennemann

(NAME)

334-9th Ave., Waite Park, Minn.

(ADDRESS)

☐

2. Expiration of Provisional Discharge

☐

3. Revocation of Provisional Discharge

☐

4. Extension of Provisional Discharge to

19

☐

5. Discharge as Recovered by Superintendent (Minn. Stat. 253.16)

☐

6. Discharge by Commissioner of Public Welfare*

☐

7. Discharge by Court Order Issued by

☐

8. Discharge and Deportation to

☐

9. Discharge to Veterans Hospital at

☐

10. Transfer to State Hospital at

☐

11. Escape

☐

12. Return from Escape

☐

13. Death due to

Age at Death

Duration of Last Illness

☐

14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days

(MSA 525.753 Subd. 1)

Diagnosis

☐ Mentally ill

☐ Senile

☐ Inebriate

Condition

☐ Recovered

☐ Improved

☐ Unimproved

☐ Other

☐ A. Further Institutional Care and Treatment ARE needed.

☐ B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGED in accordance with Minnesota Statutes.

FILED THIS

20th DAY

OF December, 1965

Rosemary R. House
CLERK OF PROBATE

Medical Director's Signature

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John A. Docherty, M.D.
John A. Docherty, M.D.

*Item 6 shall not include patients released by the Commissioner who are under commitment to the Commissioner.

REPORT TO PROBATE COURT

DPW-MED-118C (7-64) 41

0004 0258

ANOKA STATE HOSPITAL

(INSTITUTION)

19,528

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF

STEARNS

COUNTY

DATE OF REPORT

12-16-66

NAME (LAST, FIRST, MIDDLE)

HENNEPMANN, John Emil

Age 32

DATE OF COMMITMENT

1-23-63

ITEM NO.

4

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

DATE ACTION TAKEN

12-15-66

- ☐ 1. Provisional Discharge to _____ (NAME) _____ (ADDRESS)
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☒ 4. Extension of Provisional Discharge to December 15, 19 67
- ☐ 5. Discharge as Recovered by Superintendent (Minn. Stat. 253.16)
- ☐ 6. Discharge by Commissioner of Public Welfare*
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation to _____
- ☐ 9. Discharge to Veterans Hospital at _____
- ☐ 10. Transfer to State Hospital at _____
- ☐ 11. Escape
- ☐ 12. Return from Escape
- ☐ 13. Death due to _____

Age at Death _____ Duration of Last Illness _____

- ☐ 14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days (MSA 525.753 Subd. 1)

Diagnosis ☐ Mentally ill ☐ Senile ☐ Inebriate

Condition ☐ Recovered ☐ Improved ☐ Unimproved ☐ Other

- ☐ A. Further Institutional Care and Treatment ARE needed.
- ☐ B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGED in accordance with Minnesota Statutes.

cc: Mr. John Hennemann- 334-9th Ave., Waite Park, Minnesota

cc: Mr. & Mrs. Emil Hennemann- Same

cc: Central Office

Medical Director's Signature

/s/ John A. Docherty, M.D.
John A. Docherty, M.D.

FILED THIS 27th DAY

OF December A.D. 1966

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4th copy - Patient's Medical File

CLERK OF PROBATE

SRS

*Item 6 shall not include patients released by the Commissioner who are under commitment to the Commissioner.

REPORT TO PROBATE COURT
DPW 1185 (7-66)

0004 0259

ANOKA STATE HOSPITAL
(INSTITUTION)

19 528

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF

STEARNS

COUNTY

DATE OF REPORT

6-9-67

NAME (LAST, FIRST, MIDDLE)

HENNEMANN, John Emil

DATE OF COMMITMENT

1-23-63

ITEM NO.

3

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

DATE ACTION TAKEN

6-8-67

- ☐ 1. Provisional Discharge to _____
(NAME)

(ADDRESS)
- ☐ 2. Expiration of Provisional Discharge
- ☒ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19__
- ☐ 5. Discharge as Recovered by Superintendent (Minn. Stat. 253.16)
- ☐ 6. Discharge by Commissioner of Public Welfare*
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation to _____
- ☐ 9. Discharge to Veterans Hospital at _____
- ☐ 10. Transfer to State Hospital at _____
- ☐ 11. Escape
- ☐ 12. Return from Escape
- ☐ 13. Death due to _____

Age at Death _____ Duration of Last Illness _____

- ☐ 14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days
(MSA 525.753 Subd. 1)
- Diagnosis ☐ Mentally ill ☐ Senile ☐ Inebriate
- Condition ☐ Recovered ☐ Improved ☐ Unimproved ☐ Other
- ☐ A. Further Institutional Care and Treatment ARE needed.
- ☐ B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGED in
accordance with Minnesota Statutes.

cc. Central Office _____

Medical Director's Signature _____

COPIES

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John A. Docherty, M.D.
John A. Docherty, M.D.
Medical Director

FILED THIS 13th DAY
OF June A.D. 1967
Roselyn B. Hansen

*Item 6 shall not include patients released by the Commissioner
who are under commitment to the Commissioner.

REPORT TO PROBATE COURT
DPW 1185 (7-66)

0004 0260

ANOKA STATE HOSPITAL
(INSTITUTION)

19,528

In conformance with Minnesota Statutes, this report is submitted from the above named Hospital

TO PROBATE COURT OF

STEARNS

COUNTY

DATE OF REPORT

8-17-67

NAME (LAST, FIRST, MIDDLE)

HENNEMANN, John Emil

DATE OF COMMITMENT

1-23-63

ITEM NO.

1

THE NUMBER LISTED TO THE LEFT AND ALSO CHECKED BELOW
REPORTS A CHANGE IN STATUS FOR THE PATIENT NAMED ABOVE.

DATE ACTION TAKEN

8-11-67

☒ 1. Provisional Discharge to Mr. & Mrs. Emil Hennemann, Parents home
(NAME)

Address on release:

334 9th Ave., White Park, Minn.
(ADDRESS)

☐ 2. Expiration of Provisional Discharge

☐ 3. Revocation of Provisional Discharge

☐ 4. Extension of Provisional Discharge to _____, 19____

☐ 5. Discharge as Recovered by Superintendent (Minn. Stat. 253.16)

☐ 6. Discharge by Commissioner of Public Welfare*

☐ 7. Discharge by Court Order Issued by _____

☐ 8. Discharge and Deportation to _____

☐ 9. Discharge to Veterans Hospital at _____

☐ 10. Transfer to State Hospital at _____

☐ 11. Escape

☐ 12. Return from Escape

☐ 13. Death due to _____

Age at Death _____ Duration of Last Illness _____

☐ 14. Report of Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 Days
(MSA 525.753 Subd. 1)

Diagnosis ☐ Mentally ill ☐ Senile ☐ Inebriate

Condition ☐ Recovered ☐ Improved ☐ Unimproved ☐ Other

☐ A. Further Institutional Care and Treatment ARE needed.

☐ B. Further Institutional Care and Treatment ARE NOT needed and Patient is therefore DISCHARGED in
accordance with Minnesota Statutes.

cc. Central Office

Medical Director's Signature

COPIES

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2nd copy - County Welfare Board Stearns
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4th copy - Patient's Medical File

J. Schynell
Guido Schynell, M.D.
Medical Director

FILED THIS 29th DAY
OF August A.D. 19 67

Roselyn Kurbous
Clerk of Probate

*Item 6 shall not include patients released by the Commissioner
who are under commitment to the Commissioner.

0004 0261

19,528

ANKA STATE HOSPITAL
(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To	STEARNS	COUNTY	Date of Report
Name (last, First, Middle)			7-30-68
JOENNEMANN, John E.			Date of Commitment/Admission
			1-23-63 1-23-63
Address (on exit from Hospital)			Date Action Taken
			7-13-68

- ☐ 1. Provisional Discharge
- ☐ 2. Expiration of Provisional Discharge
- ☒ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA
- ☐ 6. Release because of Statutory Time Limitation.
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☐ 10. Transfer to State Hospital
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
- ☐ 15. Transfer to ☐ Informal Status ☐ Voluntary Status
- ☐ 16. Revocation of Partial Hospitalization
17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
- ☐ Mentally Ill ☐ Psychopathic Personality ☐ Inebriate ☐ Dangerous to the Public
- ☐ Recovered ☐ Improved ☐ Unimproved ☐ Other _____

Diagnosis _____

Further Institutional Care and Treatment ☐ Are Not Needed ☐ Are Needed At _____

COPIES TO: (As appropriate) (See instructions)
Probate Court DPW
County Welfare Board Patient's Medical File Patient's Atty.

Medical Director's Signature
Guido Schynoll, M.D.

FILED THIS 5th DAY
OF August A.D. 1968
Randy Kuschouse
CLERK OF PROBATE

REPORT OF PATIENT STATUS
DPW 1185 (5-68)

0004 0262

17,528

ANOKA STATE HOSPITAL
(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To	STEAGS COUNTY	Date of Report
Name (last, First, Middle)	Date of Birth	Date of Commitment/Admission
HEHNEMANN, John Emil	September 22, 1934	1-23-63 1-23-63
Address (on exit from Hospital)		Date Action Taken
398 5th Ave. So., St. Cloud, Minn.		8-21-68

- ☒ 1. Provisional Discharge
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA
- ☐ 6. Release because of Statutory Time Limitation.
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☐ 10. Transfer to State Hospital
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
- ☐ 15. Transfer to ☐ Informal Status ☐ Voluntary Status
- ☐ 16. Revocation of Partial Hospitalization
17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
- ☐ Mentally Ill ☐ Psychopathic Personality ☐ Inebriate ☐ Dangerous to the Public
- ☐ Recovered ☐ Improved ☐ Unimproved ☐ Other _____

Diagnosis _____

Further Institutional Care and Treatment ☐ Are Not Needed

☐ Are Needed At _____

FILED THIS 26th DAY
OF August A.D. 1968
Roseline L. Johnson
CLERK OF PROBATE

COPIES TO: (As appropriate) (See instructions)
Probate Court DPW
County Welfare Board Patient's Medical File Patient's Atty.

Medical Director's Signature
Guido Schynell, M.D.

Signature, M.D.
Medical Director

REPORT OF PATIENT STATUS
DPW 1185 (5-68)

0004 0263

19,528

Anoka State Hospital
(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To	STEARNS COUNTY	Date of Report
Name (last, First, Middle)	Date of Birth	Date of Commitment/Admission
WERNERMAN, John Emil	September 22, 34	1-23-63 1-23-63
Address (on exit from Hospital)		Date Action Taken
		3-25-63

- ☐ 1. Provisional Discharge
- ☐ 2. Expiration of Provisional Discharge
- ☒ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA
- ☐ 6. Release because of Statutory Time Limitation.
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☐ 10. Transfer to _____ State Hospital at _____
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
- ☐ 15. Transfer to ☐ Informal Status ☐ Voluntary Status
- ☐ 16. Revocation of Partial Hospitalization
17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
- ☐ Mentally Ill ☐ Psychopathic Personality ☐ Inebriate ☐ Dangerous to the Public
- ☐ Recovered ☐ Improved ☐ Unimproved ☐ Other _____

Diagnosis _____

Further Institutional Care and Treatment

- ☐ Are Not Needed
- ☐ Are Needed At _____

FILED THIS 14th DAY
OF April A.D. 1969

David J. Veit
Medical Director's Signature

COPIES TO: (As appropriate) (See instructions)
Probate Court DPW
County Welfare Board Patient's Medical File Patient's Atty.

REPORT OF PATIENT STATUS
DPW 1185 (5-68)

0004 0264

19.578

AYOKA STATE HOSPITAL

(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To	STEARNS	COUNTY	Date of Report 5-15-69
Name (last, First, Middle) HENDON, John Emil	Date of Birth September 22, 1934	Date of Commitment/Admission 1-23-63 1-23-63	
Address (on exit from Hospital)			Date Action Taken 5-9-69

- ☐ 1. Provisional Discharge
- ☐ 2. Expiration of Provisional Discharge
- ☒ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA
- ☐ 6. Release because of Statutory Time Limitation.
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☐ 10. Transfer to _____ State Hospital at _____
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
- ☐ 15. Transfer to ☐ Informal Status ☐ Voluntary Status
- ☐ 16. Revocation of Partial Hospitalization
17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
- ☐ Mentally Ill ☐ Psychopathic Personality ☐ Inebriate ☐ Dangerous to the Public
- ☐ Recovered ☐ Improved ☐ Unimproved ☐ Other _____

Diagnosis _____

Further Institutional Care
and Treatment

- ☐ Are Not Needed
- ☐ Are Needed At _____

FILED THIS 20th DAY
OF May A.D. 19 69

Roselyn K. Kunkel
CLERK OF PROBATE

COPIES TO: (As appropriate) (See instructions)
Probate Court DPW
County Welfare Board Patient's Medical File Patient's Atty.

Medical Director's Signature
Acting Medical Director David J. Vail, M.D.

REPORT OF PATIENT STATUS
DPW 1185 (5-68)

0004 0265

19,528

ANOKA STATE HOSPITAL

(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To	STEARNS COUNTY	Date of Report
Name (last, first, middle)	Date of Birth	Date of Commitment/Admission
HENNEMANN, John Emil	Sept. 22, 1934	1-23-63 1-23-63
Address (on exit from Hospital)		Date Action Taken
		7-2-69

- ☐ 1. Provisional Discharge
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA
- ☐ 6. Release because of Statutory Time Limitation.
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☐ 10. Transfer to Willmar State Hospital at Willmar, Minnesota
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
- ☐ 15. Transfer to ☐ Informal Status ☐ Voluntary Status
- ☐ 16. Revocation of Partial Hospitalization
17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
- ☐ Mentally Ill ☐ Psychopathic Personality ☐ Inebriate ☐ Dangerous to the Public
- ☐ Recovered ☐ Improved ☐ Unimproved ☐ Other _____

Diagnosis _____

Further Institutional Care and Treatment

☐ Are Not Needed☐ Are Needed At _____

COPIES TO: (As appropriate) (See instructions)

Probate Court DPW

County Welfare Board Patient's Medical File Patient's Atty.

Acting Medical Director's Signature

David J. Veil, M.D.

REPORT OF PATIENT STATUS

DPW 1185 (5-68)

FILED THIS 14th DAY

OF July A.D. 19 69

David J. Veil, M.D.

CLERK OF PROBATE

0004 0266

WILLMAR STATE HOSPITAL
(Hospital or Facility)

19.528

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To	STEARNS	COUNTY	Date of Report 3-2-72
Name (last, first, middle)	HENNEMANN, JOHN EMIL	Date of Birth 9-22-34	Date of Commitment Admission 1-23-63
	M-1986		Date Action Taken 3-2-72
Address (on exit from Hospital)			Same as on adm.

- ☒ 1. Provisional Discharge ☐ Direct ☐ From UA ☐ From EV
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA ☐ From EV
- ☐ 6. Release because of Statutory Time Limitation
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☐ 10. Transfer to _____ State Hospital ☐ Permanent ☐ TMT
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
- ☐ 15. Transfer from _____ status to _____ status.
- ☐ 16. Revocation of Partial Hospitalization
- ☐ 17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days

FILED THIS 6th
OF March A.D. 1972
Paula Ruppel
CLERK OF PROBATE

- ☒ Mentally Ill ☐ Psychopathic Personality ☐ Inebriate ☐ Dangerous to the Public
- ☐ Recovered ☒ Improved ☐ Unimproved ☐ Other _____

Diagnosis **295.90 Schizophrenia, chronic undifferentiated type**

Further Institutional Care and Treatment ☐ Are Not Needed

☒ Are Needed At _____

COPIES TO: (As appropriate) (See instructions)

Probate Court

DPW

County Welfare Board Patient's Medical File Patient's Atty

Medical Director's Signature

H. F. Lammie, Jr. MD

Medical Director

REPORT OF PATIENT STATUS
DPW 1185 (11-69)

00040267

19,528

STEARNS		COUNTY	Date of Report 4-19-72
Name (last, first, middle) HENNEMANN, JOHN EMIL		Date of Birth M-1986 9-22-34	Date of Commitment/Admission 1-23-63
Address (on exit from Hospital)		Same as on adm.	Date Action Taken 4-19-72

- ## Diagnosis

☐ Are Needed At

Medical Director's Signature _____

0004 0268

WILLMAR STATE HOSPITAL

(Hospital or Facility)

19,528

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To STEARNS		COUNTY	Date of Report 4-27-73
Name (last, first, middle) HENNEMANN, JOHN EMIL	M-1986	Date of Birth 9-22-34	Date of Commitment Admission 1-23-63
Address (on exit from Hospital) same as on admission			Date Action Taken 4-27-73

- ☒ **Placed on extended visit**
- ☐ 1. Provisional Discharge ☐ Direct ☐ From UA ☐ From EV
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA ☐ From EV
- ☐ 6. Release because of Statutory Time Limitation
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☐ 10. Transfer to _____ State Hospital ☐ Permanent ☐ TMT
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
- ☐ 15. Transfer from _____ status to _____ status.
- ☐ 16. Revocation of Partial Hospitalization
- ☐ 17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
- ☐ Mentally Ill

☐ Psychopathic Personality

☐ Inebriate

☐ Dangerous to the Public
- ☐ Recovered

☐ Improved

☐ Unimproved

☐ Other _____

Diagnosis _____

Further Institutional Care ☐ Are Not Needed

☐ Are Needed at this 1st day of May, 1973

COPIES TO: (As appropriate) (See instructions)

Probate Court

DPW

County Welfare Board

Genovieve M. Stearns

Probate Court

Stearns County, Minn.

By Linda Sorenson
Deputy

Medical Director's Signature

H. F. Lammabee, Jr. MD

REPORT OF MEDICAL STATUS

DPW 1185 (11-69)

0004 0269

WILLMAR STATE HOSPITAL

(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To STEARN	COUNTY	Date of Report 4-27-73
Name (last, first, middle) HENNEMANN, JOHN EMIL	M-1986	Date of Birth 9-22-34
		Date of Commitment/Admission 1-23-63
Address (on exit from Hospital) same as on admission		Date Action Taken 4-27-73

- ☒ **Placed on extended visit**
- ☐ 1. Provisional Discharge ☐ Direct ☐ From UA ☐ From EV
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA ☐ From EV
- ☐ 6. Release because of Statutory Time Limitation
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☐ 10. Transfer to _____ State Hospital ☐ Permanent ☐ TMT
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
- ☐ 15. Transfer from _____ status to _____ status.
- ☐ 16. Revocation of Partial Hospitalization
- ☐ 17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
- | | | | |
|---------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> Mentally Ill | <input type="checkbox"/> Psychopathic Personality | <input type="checkbox"/> Inebriate | <input type="checkbox"/> Dangerous to the Public |
| <input type="checkbox"/> Recovered | <input type="checkbox"/> Improved | <input type="checkbox"/> Unimproved | <input type="checkbox"/> Other _____ |

Diagnosis _____

Further Institutional Care ☐ Are Not Needed
and Treatment ☐ Are Needed At _____

COPIES TO: (As appropriate) (See instructions)

Probate Court ☐ DPW ☐

County Welfare Board ☐ Patient's Medical File ☐ Patient's Atty. ☐

Medical Director's Signature

H. F. Larnabee, MD

REPORT OF HOSPITAL FINDINGS
DPW 1185 (11-69)

0004 0270

WILLMAR STATE HOSPITAL
(Hospital or Facility)

19,528

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To STEARNS		COUNTY	Date of Report 5-6-73
Name (last, first, middle) HENNEMANN, JOHN EMIL	M-1986	Date of Birth 9-22-34	Date of Commitment Admission 1-23-63
Address (on exit from Hospital) same as on admission			Date Action Taken 5-6-73

X Return from Extended Visit

- ☐ 1. Provisional Discharge ☐ Direct ☐ From UA ☐ From EV
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA ☐ From EV
- ☐ 6. Release because of Statutory Time Limitation
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☐ 10. Transfer to _____ State Hospital ☐ Permanent ☐ TMT
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
- ☐ 15. Transfer from _____ status to _____ status.
- ☐ 16. Revocation of Partial Hospitalization
- ☐ 17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
- ☐ Mentally Ill ☐ Psychopathic Personality ☐ Inebriate ☐ Dangerous to the Public
☐ Recovered ☐ Improved ☐ Unimproved ☐ Other _____

Diagnosis _____

Further Institutional Care ☐ Are Not Needed
and Treatment

COPIES TO: (As appropriate) (See instructions)

Probate Court

DPW

County Welfare Board Patient's Medical File

Genevieve M. Sams Medical Director's Signature

Clerk of County Court

Stearns County, Minn.

Medical Director

REPORT OF PATIENT STATUS

DPW 1185 (11-69)

Linda Sorensen
Deputy

0004 0271

WILLMAR STATE HOSPITAL

(Hospital or Facility)

19,528

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To	COUNTY	Date of Report
STEARNS		7-26-73
Name (last, first, middle)	Date of Birth	Date of Commitment Admission
HENNEMANN, JOHN EMIL	M-1986	9-22-34
		1-23-63
Address (on exit from Hospital)	same as on admission	Date Action Taken
		7-26-73

XX Placed on extended visit

- ☐ 1. Provisional Discharge ☐ Direct ☐ From UA ☐ From EV
☐ 2. Expiration of Provisional Discharge
☐ 3. Revocation of Provisional Discharge
☐ 4. Extension of Provisional Discharge to _____, 19____
☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA ☐ From EV
☐ 6. Release because of Statutory Time Limitation
☐ 7. Discharge by Court Order Issued by _____
☐ 8. Discharge and Deportation
☐ 9. Discharge to Veterans Hospital
☐ 10. Transfer to _____ State Hospital ☐ Permanent ☐ TMT
☐ 11. Unauthorized Absence
☐ 12. Return from Unauthorized Absence
☐ 13. Death ☐ In Hospital ☐ On Leave
☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
☐ 15. Transfer from _____ status to _____ status
☐ 16. Revocation of Partial Hospitalization
☐ 17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
- ☐ Mentally Ill ☐ Psychopathic Personality ☐ Inebriate ☐ Dangerous to the Public
☐ Recovered ☐ Improved ☐ Unimproved ☐ Other _____

Diagnosis _____

Further Institutional Care
and Treatment☐ Are Not Needed☐ Are Needed AtFiled this 30th day of July, 1973

COPIES TO: (As appropriate) (See instructions)

Probate Court

DPW

Genevieve M. Sand

Clerk of County

Stearns County, Minn.

County Welfare Board Patient's Medical File

Stearns County, Minn.

By Linda Sorensen
DeputyREPORTED BY Medical Director
DPW 1185 (11-69)

0004 0272

WILMAR STATE HOSPITAL

(Hospital or Facility)

19,528

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To STEARNS	COUNTY	Date of Report 8-1-73
Name (last, first, middle) HENNEMANN, JOHN EMIL	M-1986	Date of Birth 9-22-34
Address (on exit from Hospital) same as on admission		Date of Commitment Admission 1-23-63
		Date Action Taken 8-1-73

XX Return from extended visit

- ☐ 1. Provisional Discharge ☐ Direct ☐ From UA ☐ From EV
☐ 2. Expiration of Provisional Discharge
☐ 3. Revocation of Provisional Discharge
☐ 4. Extension of Provisional Discharge to _____, 19____
☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA ☐ From EV
☐ 6. Release because of Statutory Time Limitation
☐ 7. Discharge by Court Order Issued by _____
☐ 8. Discharge and Deportation
☐ 9. Discharge to Veterans Hospital
☐ 10. Transfer to _____ State Hospital ☐ Permanent ☐ TMT
☐ 11. Unauthorized Absence
☐ 12. Return from Unauthorized Absence
☐ 13. Death ☐ In Hospital ☐ On Leave
☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
☐ 15. Transfer from _____ status to _____ status.
☐ 16. Revocation of Partial Hospitalization
☐ 17. Report of Hospital Findings in compliance with Minn. Stat. requiring report to Probate Court within 60 days
- ☐ Mentally Ill ☐ Psychopathic Personality ☐ Inebriate ☐ Dangerous to the Public
☐ Recovered ☐ Improved ☐ Unimproved ☐ Other _____

Diagnosis _____

Further Institutional Care ☐ Are Not Needed
and Treatment☐ Are Needed This 3rd day of Aug, 1973

COPIES TO: (As appropriate) (See instructions)

Probate Court DPW

County Welfare Board Patient's Medical File Clerk of County Court
Stearns County, Minn.By Linda Sorenson
Deputy

H. F. Larnabee, Jr. MD
Medical Director
REPORT OF PATIENT STATUS
DPW 1185 (11-69)

0004 0273

CHANGE OF STATUS REPORT

19,528

WILLMAR STATE HOSPITAL

(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To STEARNS	COUNTY	Date of Report 8-24-73
Name (last, first, middle) HENNEMANN, JOHN EMIL	M-1896	Date of Birth 9-22-34
Address (on exit from Hospital) same as on admission		Date of Commitment Admission 1-23-63
		Date Action Taken 8-24-73

- XX Placed on E.V.**
- ☐ 1. Provisional Discharge ☐ Direct ☐ From UA ☐ From EV
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA ☐ From EV
- ☐ 6. Release because of Statutory Time Limitation
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☐ 10. Transfer to _____ State Hospital ☐ Permanent ☐ TMT
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
- ☐ 15. Transfer from _____ status to _____ status.
- ☐ 16. Revocation of Partial Hospitalization

COMMENTS:

Filed this 28th day of August 1973

Genevieve M. Sand
Clerk of County Court
Stearns County, Minn.

by Linda Sorensen
Deputy

COPIES TO: (As appropriate) (See instructions)

Probate Court DPW

County Welfare Board Patient's Medical File Patient's Atty.

Medical Director's Signature

H. F. Larrabee, Jr. MD
Medical Director

REPORT OF PATIENT STATUS
DPW 1185 (12-72)

0004 0274

CHANGE OF STATUS REPORT

19,528

WILLMAR STATE HOSPITAL

(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To	STEARNES	COUNTY	Date of Report
Name (last, first, middle)	HENNEMANN, JOHN EMIL	Date of Birth	8-27-73
	M-1986	9-22-34	Date of Commitment Admission
			1-23-63
Address (on exit from Hospital)	same as on admission		Date Action Taken
			8-27-73

- ☒ 1. Provisional Discharge ☐ Direct ☐ From UA ☐ From EV
- ☐ 2. Expiration of Provisional Discharge
- ☐ 3. Revocation of Provisional Discharge
- ☐ 4. Extension of Provisional Discharge to _____, 19____
- ☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA ☐ From EV
- ☐ 6. Release because of Statutory Time Limitation
- ☐ 7. Discharge by Court Order Issued by _____
- ☐ 8. Discharge and Deportation
- ☐ 9. Discharge to Veterans Hospital
- ☐ 10. Transfer to _____ State Hospital ☐ Permanent ☐ TMT
- ☐ 11. Unauthorized Absence
- ☐ 12. Return from Unauthorized Absence
- ☐ 13. Death ☐ In Hospital ☐ On Leave
- ☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
- ☐ 15. Transfer from _____ status to _____ status.
- ☐ 16. Revocation of Partial Hospitalization

COMMENTS:

Filed this Aug 29th, 1973Genevieve M. Sand
Clerk of County Court
Stearns County, Minn.by Linda Sorensen
DeputyW. F. Larrabee, Jr. MD

COPIES TO: (As appropriate) (See instructions)

Probate Court

DPW

County Welfare Board Patient's Medical File Patient's Atty.

Medical Director's Signature

Medical DirectorREPORT OF PATIENT STATUS
DPW 1185 (12-72)

0004 0275

CHANGE OF STATUS REPORT

19,528

WILLMAR STATE HOSPITAL

(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility.

To		COUNTY	Date of Report
STEARNS			8-27-73
Name (last, first, middle)	Date of Birth	Date of Commitment Admission	
HENNEMANN, JOHN EMIL	M-1986	1-23-63	
Address (on exit from Hospital)		Date Action Taken	
same as on admission		8-27-73	

- XX Return E.V.
- ☐ 1 Provisional Discharge ☐ Direct ☐ From UA ☐ From EV
- ☐ 2 Expiration of Provisional Discharge
- ☐ 3 Revocation of Provisional Discharge
- ☐ 4 Extension of Provisional Discharge to _____, 19____
- ☐ 5 Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA ☐ From EV
- ☐ 6 Release because of Statutory Time Limitation
- ☐ 7 Discharge by Court Order Issued by _____
- ☐ 8 Discharge and Deportation
- ☐ 9 Discharge to Veterans Hospital
- ☐ 10 Transfer to _____ State Hospital ☐ Permanent ☐ TMT
- ☐ 11 Unauthorized Absence
- ☐ 12 Return from Unauthorized Absence
- ☐ 13 Death ☐ In Hospital ☐ On Leave
- ☐ 14 Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
- ☐ 15 Transfer from _____ status to _____ status.
- ☐ 16 Revocation of Partial Hospitalization

COMMENTS:

Filed this 29th day of Aug, 1973Genevieve M. Sand
Clerk of County Court
Stearns County, Minn.

2

By Linda Sorensen
DeputyH. F. Lammberg, Jr. MD

Medical Director

COPIES TO: (As appropriate) (See instructions)

Probate Court

DPW

County Welfare Board Patient's Medical File Patient's Atty.

Medical Director's Signature _____

REPORT OF PATIENT STATUS
DPW 1185 (12-72)

0004 0276

CHANGE OF STATUS REPORT

19,528

WILLMAR STATE HOSPITAL
(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility.

To	STEARNS	COUNTY	Date of Report 3-30-74
Name (last, first, middle)	HENNEMANN, JOHN EMIL	Date of Birth M-1986 9-22-34	Date of Commitment Admission 1-23-63
Address (on exit from Hospital)	Same as on admission		Date Action Taken 3-30-74

- ☐ 1. Provisional Discharge ☐ Direct ☐ From UA ☐ From EV
☐ 2. Expiration of Provisional Discharge
☒ 3. Revocation of Provisional Discharge
☐ 4. Extension of Provisional Discharge to _____, 19____
☐ 5. Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA ☐ From EV
☐ 6. Release because of Statutory Time Limitation
☐ 7. Discharge by Court Order Issued by _____
☐ 8. Discharge and Deportation
☐ 9. Discharge to Veterans Hospital
☐ 10. Transfer to _____ State Hospital ☐ Permanent ☐ TMT
☐ 11. Unauthorized Absence
☐ 12. Return from Unauthorized Absence
☐ 13. Death ☐ In Hospital ☐ On Leave
☐ 14. Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
☐ 15. Transfer from _____ status to _____ status.
☐ 16. Revocation of Partial Hospitalization

COMMENTS:

Filed this 2nd day of April 1974

Genevieve M. Sand
Clerk of County Court
Stearns County, Minn.

By Linda Sorensen
Deputy

H. F. Lammbeck, Jr. MD

Medical Director

COPIES TO: (As appropriate) (See instructions)

Probate Court DPW

County Welfare Board Patient's Medical File Patient's Atty

Medical Director's Signature _____

CHANGE OF STATUS REPORT

19,528

WILLMAR STATE HOSPITAL

(Hospital or Facility)

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To	COUNTY	Date of Report
STEARNS		5-18-74
Name (last, first, middle)	Date of Birth	Date of Commitment Admission
HENNEMANN, JOHN EMIL	4-1986 9-22-34	1-23-63 7-2-69
Address (on exit from Hospital) 229-9th AVE., WAITE PARK, MN		Date Action Taken
		5-18-74

- ☒ 1 Provisional Discharge ☒ Direct ☐ From UA ☐ From EV
☐ 2 Expiration of Provisional Discharge
☐ 3 Revocation of Provisional Discharge
☐ 4 Extension of Provisional Discharge to _____, 19____
☐ 5 Discharge by Head of Hospital ☐ Direct ☐ From PD ☐ From UA ☐ From EV
☐ 6 Release because of Statutory Time Limitation
☐ 7 Discharge by Court Order Issued by _____
☐ 8 Discharge and Deportation
☐ 9 Discharge to Veterans Hospital
☐ 10 Transfer to _____ State Hospital ☐ Permanent ☐ TMT
☐ 11 Unauthorized Absence
☐ 12 Return from Unauthorized Absence
☐ 13 Death ☐ In Hospital ☐ On Leave
☐ 14 Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
☐ 15 Transfer from _____ status to _____ status.
☐ 16 Revocation of Partial Hospitalization

COMMENTS:

Filed this 31st day of May 1974Genevieve M. Sand
Clerk of County Court
Stearns County, Minn.By Linda Sorensen
DeputyH. F. Larnabee, Jr. MD

Medical Director

COPIES TO: (As appropriate) (See instructions)

Probate Court

DPW

County Welfare Board Patient's Medical File Patient's Atty

Medical Director's Signature _____

DPW 1185 (6-73)

0004 0278

CHANGE OF STATUS REPORT

WILLMAR STATE HOSPITAL

(Hospital or Facility)

19,528

In conformance with Minnesota Statutes/DPW Policy, this report is submitted from the above named Hospital or Facility

To STEARNS	COUNTY	Date of Report 5-18-75
Name (last, first, middle) HENNEMANN, JOHN EMIL	Date of Birth M-1986 9-22-34	Date of Commitment Admission 1-23-63
Address (on exit from Hospital) <u>same as on admission</u>		Date Action Taken 5-18-75

- ☐ 1 Provisional Discharge ☐ Direct ☐ From UA ☐ From EV
☐ 2 Expiration of Provisional Discharge
☐ 3 Revocation of Provisional Discharge
☐ 4 Extension of Provisional Discharge to _____, 19_____
☒ 5 Discharge by Head of Hospital ☐ Direct ☒ From PD ☐ From UA ☐ From EV
☐ 6 Release because of Statutory Time Limitation
☐ 7 Discharge by Court Order Issued by _____
☐ 8 Discharge and Deportation
☐ 9 Discharge to Veterans Hospital
☐ 10 Transfer to _____ State Hospital ☐ Permanent ☐ TMT
☐ 11 Unauthorized Absence
☐ 12 Return from Unauthorized Absence
☐ 13 Death ☐ In Hospital ☐ On Leave
☐ 14 Transfer to Partial Hospitalization ☐ Day Care ☐ Night Care ☐ Outpatient
☐ 15 Transfer from _____ status to _____ status.
☐ 16 Revocation of Partial Hospitalization

COMMENTS:

Filed this 20th day of May, 1975
 Genevieve M. Sand
 Clerk of County Court
 Stearns County, Minn.

 By Eleanor Strack
 Deputy

H. F. Larnabee, Jr. MD
 Medical Director

COPIES TO: (As appropriate) (See instructions)

Probate Court

DPW

County Welfare Board Patient's Medical File Patient's Atty

Medical Director's Signature Medical Director

DPW 1185 (6-73)

0004 0279

State of Minnesota,

County of Stearns

IN PROBATE COURT

19.529

In the Matter of the Guardianship of Frederick C. Schroeder

Minor

The undersigned represent^s and state^s as follows:

That he is the minor above named; that he is over fourteen years of age, and was born September 24, 1942

That he resides at St. Joseph in the County of Stearns, State of Minnesota with and in the custody of his parents, Frederick W. Schroeder and Mary A. Schroeder
(State such facts as to custody as may be pertinent)

That he has property consisting of cash proceeds from an insurance policy amounting to \$800.00.
(If not, so state; if property, give general description, location, value, possession, etc.)

That his parents Frederick W. Schroeder of St. Joseph, Minnesota and Mary A. Schroeder of St. Joseph, Minnesota.
(If dead, so state; if living, give names, addresses, and other pertinent facts)

That he has no testamentary guardian, and that no proceedings are pending in any Court of this State involving his custody or the care and management of his estate

That it is expedient and necessary that a guardian of his estate be appointed
(Of person, estate, or both)
for the reasons following, to-wit: to collect and conserve the proceeds of an insurance policy.

and that Mary A. Schroeder who resides at St. Joseph in the County of Stearns, State of Minnesota, is a suitable person to act as such guardian.

Wherefore, the undersigned hereby nominate^s said Mary A. Schroeder to be the guardian of his estate
(Person, estate, or both)

and hereby prays that she be appointed such guardian.

Frederick C. Schroeder

State of Minnesota,

County of Stearns

Frederick C. Schroeder

being duly sworn, on oath say he is the person who make the foregoing petition and declaration; that he know^s the contents thereof, and that the same is true of his own knowledge save as to matters therein stated on information and belief, and that as to those matters he believe it to be true.

Sworn and Subscribed to Before Me this 27th

day of December, 1962

Notary Public, Stearns County, Minn.

My commission expires April 4, 1967

I, the undersigned, hereby consent to become the guardian of the estate

of the minor named in the foregoing declaration, and to qualify as such according to law.

Mary P. Schroeder

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE GUARDIANSHIP OF

Frederick C. Schroeder

Minor

Nomination of Guardian
by Minor
Over 14 Years of Age.

Filed this 21st day of January, 1963

Joseph H. Thayer
Clerk - Judge of Probate.

No. 1027

State of Minnesota, } ss.
COUNTY OF Stearns

IN PROBATE COURT

IN THE MATTER OF THE GUARDIANSHIP OF
Frederick C. Schroeder,

ORDER APPOINTING GUARDIAN

Minor Ward.

The above entitled matter came on to be heard and considered by the Court on the 21st
day of January 19⁶³, upon the petition of Frederick C. Schroeder
the above named

praying that a guardian be appointed of the estate of the above named
ward

and the Court having considered the said petition and evidence adduced in support thereof, and examined the files and records
in said matter, finds the following facts, to-wit:

First—That notice of said hearing on said petition ^{has been waived by the Court.}
~~was given as required by law by the service of the order of this Court /~~
~~for said hearing upon said /~~
~~personally more than fourteen days prior to said day of hearing;~~

Second—That said Frederick C. Schroeder
is a resident of St. Joseph in said County of
Stearns State of Minnesota; and is the owner of certain property described in said
petition.

Third—That said Frederick C. Schroeder is unable
and incompetent to care for and manage his said property by reason of the facts and disabilities fol-
lowing, to-wit: that he is a minor.

Fourth—That Frederick C. Schroeder has signed said petition and asks (1)
the appointment of Mary A. Schroeder as guardian.

Fifth—That Mary A. Schroeder whose
Post Office address is St. Joseph in the County of
Stearns State of Minnesota, is a suitable person to act as guardian of said
minor.

It is Therefore Ordered. That the said Mary A. Schroeder

be, and she hereby is, appointed guardian of the estate of said ward, and that before entering upon her duties as such guardian and before letters of guardianship be to her issued she take, subscribe and file in this Court the oath by law required and give bond to the Judge of this Court in the penal sum of One Thousand and no/100 - - - - - Dollars, with sufficient sureties and conditioned according to law, to be approved by this Court.

(8)

Dated January 21st, 1963

John Long
Judge of Probate Court.

- Note (1) Insert conditions and need, if any, as to care, treatment, education, etc., under Section 7443-7444 General Statutes 1913.
Note (2) Insert conditions, if any, as to care, treatment, maintenance, education, etc., under Section 7443-7444 General Statutes 1913.

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE GUARDIANSHIP OF

Frederick C. Schroeder,
Minor Ward.

Order Appointing Guardian

Filed this 21st day of
January, 1963, and
recorded in Book of orders, at
page

Josephine Huthaus
Clerk - Judge of Probate.

No. 2151

0005 0283

State of Minnesota, } ss.
 County of Stearns }

IN PROBATE COURT,

IN THE MATTER OF THE GUARDIANSHIP OF

Frederick C. Schroeder,
 Minor Ward. }

Letters of Guardianship

To Mary A. Schroeder Greeting:

Whereas, You have been appointed Guardian of the estate of the above named ward, by the order of this Court, and have duly qualified according to law to act as such guardian.

Now Therefore, Reposing full faith and trust in your competency, ability and integrity, these Letters of Guardianship are issued to you by the Court, authorizing you to act as the guardian of the estate of the above named Ward, with full powers, duties and responsibilities incident to such trust according to law, during the disability of said Ward, or until the further orders of the Court in the premises.

As such Guardian, you are required to make and file in this Court a full and true inventory of all the property and estate of said Ward, within one month from the date hereof; to take possession and control of all the property and estate of said Ward, both real and personal, and the profits, emoluments and proceeds thereof, and safely keep, care for, manage, and conserve, invest and re-invest the same, as economically as possible; and, so far as necessary, apply the income and profits and personal property thereof to the suitable maintenance and support of said Ward and the payment of all the just debts of said Ward, if the same be sufficient therefor; and if the same be not sufficient, then out of the proceeds of the sale of real estate of said Ward, to be made under the order of this Court. And you are also authorized and required to collect, demand, sue for, and receive, all debts due said Ward, and to represent said Ward in all legal proceedings, and to compound debts due said Ward, with the approval of this Court, and discharge debtors so compounded with.

You are Further Required, At the end of each year of your said trust, and at such other times as the Court may require, and at the termination of your said trust to make and file in this Court full and true accounts, with full itemized statements, of all property received by you and remaining in your hands, of all expenditures and investments made by you, and of what remains in your hands, with full details of the condition and value thereof; and at the termination of your said trust to turn over and to deliver to said Ward, or to his legal representatives, all property and estate of said Ward then remaining in your hands.

Witness the Honorable John Lang

Judge of said Court, and the seal of said Court this

21st

day of

January

1963

John Lang
Judge of Probate.

Note (1) If guardian is appointed of the person of Ward also, insert provisions for custody, care of, education, etc., according to Sec. 7442, 7443, and 7444, Chapter 74 General Statutes of Minnesota, 1913.



State of Minnesota,

} ss.

IN PROBATE COURT

County of

I, _____, Judge of the Probate Court, in and for said County, and State aforesaid, do hereby certify that I have compared the within and foregoing paper writing with the original Letters of Guardianship in the matter therein entitled, now remaining of record in my office, and that the same is a true and correct copy of said original, and the whole thereof.

WITNESS, my hand and seal of said Court, at

this

day of

, A. D. 19

Probate Judge.

State of Minnesota,

County of Stearns

PROBATE COURT

IN THE MATTER OF THE ESTATE OF

Frederick C. Schroeder,
Minor Ward.

Letters of Guardianship

Long Form

Filed this 21st day of
January, 1963, and
recorded in Book 2 of Letters,
Page 424

Josephine H. Harkness
Clerk of Probate.

No. 3024*

Minnesota

WESTERN SURETY COMPANY

One of America's Oldest Bonding Companies

KANSAS CITY CHICAGO SIOUX FALLS
DALLAS PALO ALTO

BOND AND OATH OF ADMINISTRATOR, EXECUTOR AND GUARDIAN, INCLUDING SALE OF REAL ESTATE

STATE OF MINNESOTA

County of Stearns

IN PROBATE COURT

In the Matter of the Estate of Frederick C. Schroeder

☒ Minor(s) ☐ Incompetent ☐ Deceased

KNOW ALL MEN BY THESE PRESENTS:

BOND No. 5044358

That we, Mary A. Schroeder, as Principal,
and the WESTERN SURETY COMPANY, a corporation organized under the laws of the State of South
Dakota and holding the certificate of the Insurance Commissioner of the State of Minnesota showing
that it is authorized to contract as Surety upon bonds in said State of Minnesota, as Surety, are held
and firmly bound unto Hon. John Long,
as Judge of Probate of the County of Stearns, Minnesota, in the sum of

One Thousand and no/100

(\$1,000.00) DOLLARS,

lawful money of the United States, to be paid to said Judge of Probate, or his successor in office;
for which payment well and truly to be made, we bind ourselves and each of our heirs, executors,
administrators, successors, and assigns, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bounden Principal, who
has been appointed representative of the estate of the above named Frederick C. Schroeder,
shall well and faithfully discharge all the duties of his trust as representative of said estate according
to law, then this obligation shall be void, otherwise it shall remain in full force and virtue.

IN WITNESS WHEREOF, Said Principal has hereunto affixed his hand and seal; and the said
Surety has caused these presents to be signed by its L. N. McKenrie, Vice President
and its corporate seal to be hereto attached by authority of its Board of Directors, this
4th day of January, 1963.

Signed, Sealed and Delivered in Presence of
Witness to Principal

Mary A. Schroeder
Principal

Wm. M. Mearns
Witness to Surety

Principal
WESTERN SURETY COMPANY

By L. N. McKenrie
Countersigned L. N. McKenrie, Vice President

By Wm. M. Mearns
Minnesota Resident Agent

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF MINNESOTA

County of _____

On this _____ day of _____, 19____, before me personally
appeared _____, to me well known
to be the person who executed the foregoing bond as Principal, and acknowledged that he executed the
same for the uses and purposes herein expressed as his free act and deed.

My Commission Expires _____

_____, 19____ Notary Public, _____ County, Minnesota

ACKNOWLEDGMENT OF SURETY (Corporate Officer)

STATE OF SOUTH DAKOTA

County of Minnehaha

On this 4th day of January, 1963

appeared L. N. McKenrie, Vice President,
to me personally known, who being by me duly sworn, did say that he is the aforesaid officer of the
WESTERN SURETY COMPANY, a corporation; that the seal affixed to the foregoing instrument is
the corporate seal of said corporation, and that said instrument was executed in behalf of said corporation
by the aforesaid officer, by authority of its Board of Directors; and the aforesaid officer acknowledged
said instrument to be the free act and deed of said corporation.

My Commission Expires _____

2-24, 1968

J. J. J.
Notary Public, Minnehaha County, South Dakota

APPROVAL

I hereby approve the within Bond and the Surety thereon, this 21st day of January, 1963

John Long
Probate Judge

OATH OF REPRESENTATIVE

STATE OF MINNESOTA }
County of Stearns } ss

I, Mary A. Schroeder do swear that I will faithfully and justly perform all the duties of the office and trust which I now assume as Guardian of the Estate of the above named Frederick C. Schroeder to the best of my ability and according to law, so help me God.

Subscribed and sworn to before me this 14th day of Jan., 1963

My Commission Expires

Mary A. Schroeder
Wm. J. McInnis
Notary Public, Stearns County, Minnesota

, 19

WESTERN SURETY COMPANY
One of America's Oldest Bonding Companies
KANSAS CITY, MISSOURI
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STATE OF MINNESOTA

County of Stearns

PROBATE COURT

BOND AND OATH OF
ADMINISTRATOR,
EXECUTOR AND
GUARDIAN,

Including Sale of Real Estate

In the Matter of the Estate of
FREDERICK C. SCHROEDER

☒ Minor(s) ☐ Incompetent
☐ Deceased

Filed the 21st day of
January, 1963, and said
bond recorded in Book of

Bonds, page of Probate
Records.

Clerk

Josephine Thompson
☒ Clerk ☐ Judge of Probate

[illegible]

NO.

CLASS FIVE—
Mortgages, Bonds, Notes and Other
Written Evidences of Debt

REMARKS

VALUE

NONE

TOTAL

No.

CLASS SIX—All Other Personal Property

REMARKS

VALUE

Cash proceeds from Life Insurance
policy from Carl W. Schebloom, deceased

\$

855. 46

TOTAL 855. 46

TOTAL APPRAISEMENT

\$

Mary A. Schneider

Guardian.....

0005 0290

State of Minnesota,

County of Stearns

} ss.

Mary A. Schroeder

being duly sworn, say that she is the guardian of the person and estate of

Frederick C. Schroeder

who ~~was~~ is residing in the County of St. Louis State of

Minnesota; that the foregoing is a just and true inventory of all the real estate, and of all the goods, chattels, rights and credits

belonging to the said Frederick C. Schroeder which have come to her possession

or knowledge; and that upon diligent inquiry she has not been able to discover any other property or estate

belonging to the said Frederick C. Schroeder

Mary A. Schroeder

Subscribed and sworn to before me this 30th day of January A. D. 19 63.

Vincent A. Ahles (Vincent A. Ahles)

Notary Public, Stearns County, Minn.

My Commission Expires April 4, 19 67

We, the undersigned appraisers, do hereby certify that, having first taken and subscribed the oath hereto annexed, we have appraised all the property described and mentioned in the foregoing inventory, which has been to us exhibited, and have classified the different items under their respective heads, and have set down opposite each item, figures, the value thereof in money, as by us determined, and have footed up the amount of each class and the total amount of the property so appraised.

Witness our hands this day of A. D. 19

Appraisers.

No. 19,524

State of Minnesota,

County of Stearns

PROBATE COURT

In the Matter of the Guardianship of

Frederick C. Schroeder

INVENTORY AND APPRAISEMENT

Received and filed this 19th

day of February A. D. 1963.

Bradley Bushaw Clerk - Judge of Probate Court.

No. 3427*

State of Minnesota,

ss.

IN PROBATE COURT

County of STEARNS

IN THE MATTER OF THE GUARDIANSHIP OF FREDERICK C. Schroeder MINOR
 TO THE PROBATE COURT IN AND FOR SAID COUNTY:

Your petitioner respectfully states and shows that he is the same person named in the above entitled matter; that he is now of age having become 21 years of age on the 24th day of SEPTEMBER, A. D. 1963, that heretofore MARY AGNES Schroeder

was by said Court appointed guardian of your petitioner; that your petitioner has made a full and complete settlement with said MONEY FROM CLARA Schebloom INSURANCE guardian, and has received from said guardian all the money and property in the hands of said guardian belonging to your petitioner; that he waives the issuance of any notice of hearing upon the final account of said guardian and hereby and herewith submits himself to the jurisdiction of this Court and asks that the final account of said guardian submitted to this Court this day may be heard without any notice whatsoever.

WHEREFORE, Your petitioner prays that the said MARY AGNES Schroeder as such guardian, be discharged, \$500.00 bond given in said matter canceled, and that said MARY AGNES Schroeder guardian, be not required to file any further account in said matter.

Dated this day of , 19 .

State of Minnesota,

ss.

Fredrick C. Schroeder

Petitioner.

County of FREDERICK C. Schroeder

being duly sworn says that he has read the foregoing petition and knows the contents thereof and that the same is true, to his knowledge, except as to those matters stated on information and belief and to those matters that he believes them to be true.

Subscribed and sworn to before me this 21 day of September, 1964.

ESTHER E. JOHNSON

Notary Public,

Notary Public St. Louis County, Minnesota

County, Minn.

My commission My commission Expires December 19, 1969

0005 0292

State of Minnesota, }
County of STEARNS

PROBATE COURT

IN THE MATTER OF THE GUARDIANSHIP OF

Frederick C. Schroeder

**Petition for Discharge of Guardian by
Ward, after Becoming of Age.**

(Consent of Ward to the Final Account of
Guardian, Waiver of Notice and Submission
to Jurisdiction of the Court)

Filed this.....day of

....., A. D. 19.....

Clerk—Judge of Probate.

0005 0293

State of Minnesota,

County of STEARNS

ss.

IN PROBATE COURT

IN THE MATTER OF THE GUARDIANSHIP OF Frederick C. Schroeder MINOR
TO THE PROBATE COURT IN AND FOR SAID COUNTY:

Your petitioner respectfully states and shows that he is the same person named in the above entitled matter; that he is now of age having become 21 years of age on the 24th day of SEPTEMBER, A. D. 1963, that heretofore MARY AGNES SCHROEDER

was by said Court appointed guardian of your petitioner; that your petitioner has made a full and complete settlement with said MONEY FROM CLARA SCHEBLUM INSURANCE guardian, and has received from said guardian all the money and property in the hands of said guardian belonging to your petitioner; that he waives the issuance of any notice of hearing upon the final account of said guardian and hereby and herewith submits HIM self to the jurisdiction of this Court and asks that the final account of said guardian submitted to this Court this day may be heard without any notice whatsoever.

WHEREFORE, Your petitioner prays that the said MARY AGNES SCHROEDER as such guardian, be discharged; 1000 bond given in said matter canceled, and that said MARY AGNES SCHROEDER guardian, be not required to file any further account in said matter.

Dated this

day of

, 19

State of Minnesota,

County of

ss.

x Frederick C. Schroeder

Petitioner.

being duly sworn says that he has read the foregoing petition and knows the contents thereof and that the same is true, to knowledge, except as to those matters stated on information and belief and to those matters that he believes them to be true.

Subscribed and sworn to before me this

21

day of

Jan, 1964.

ESTHER E. JOHNSON

Notary Public,

Notary Public St. Louis County, Minnesota

My commission expires

My Commission Expires December 19, 1969, 19Esther E. Johnson County, Minn.St Louis Co

0005 0294

19,529

State of Minnesota,)

County of STEARNS)

PROBATE COURT

IN THE MATTER OF THE GUARDIANSHIP OF

Frederick C. Schroeder

**Petition for Discharge of Guardian by
Ward, after Becoming of Age.**

(Consent of Ward to the Final Account of
Guardian, Waiver of Notice and Submission
to Jurisdiction of the Court)

Filed this 31st day of

January, A. D. 19 64

Bredon Kuylenstierna
Clerk—Judge of Probate.

0005 0295

State of Minnesota,

} ss.

County of Stearns

IN PROBATE COURT

In the Matter of the Guardianship of Frederick C. Schroeder,

Minor Ward

On reading and filing the petition of said Frederick C. Schroeder,

representing among other things that he was 21 years of age on the 24th day of

September

A. D. 1963 ; that

he has made a full and complete settlement with

Mary A. Schroeder,

as guardian and has received from said guardian

all the money and property in the hands of said guardian belonging to said petitioner, and praying that said guardian be discharged as guardian of said petitioner and her bond given in said matter cancelled,

and that said

Mary A. Schroeder

as such

guardian, be not required to file any further account in said matter; and it appearing that the facts therein set forth are true.

It is Ordered, That the said Mary A. Schroeder

as such

guardian of said ward, be forever discharged from all the duties, powers and liabilities of the trust as guardian of

Frederick C. Schroeder,

Minor Ward

Dated at St. Cloud, Minnesota, the 31st

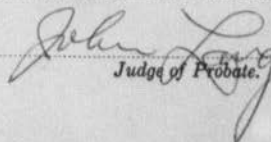
day of

January

A. D. 19 64

By the Court:

(Court Seal)


Judge of Probate.

0005 0296

No. 19,529

State of Minnesota,

County of Stearns

PROBATE COURT

In the Matter of the Guardianship of
Frederick C. Schroeder,

Minor Ward

Order Discharging Guardian on
Petition of Ward After
Becoming of Age

Filed this 31st
day of January, A. D. 19 64,
and recorded in Book of orders
page

Bredyn B. Johnson
Clerk of Probate.

No. 2757*

0005 0297