

Form 1

REGISTRATION CARD

No. 59

1 Name (in full) *Henry Gustav Kroening* Age, in yrs. *22*
(Given name) (Family name)

2 Home address *Cases* *Minn*
(No.) (Street) (City) (State)

3 Date of birth *June 15 1895*
(Month) (Day) (Year)

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? *actual born citizen*

5 Where were you born? *Maple Grove Minn US*
(Town) (State) (Nation)

6 If not a citizen, of what country are you a citizen or subject?

7 What is your present trade, occupation, or office? *Farming*

8 By whom employed? *Father*
Where employed? *Maple Grove*

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? *no*

10 Married or single (which)? *single* Race (specify which)? *Caucasian*

11 What military service have you had? Rank _____; branch _____; years _____; Nation or State _____

12 Do you claim exemption from draft (specify grounds)? *no*

I affirm that I have verified above answers and that they are true.

Henry Gustav Kroening
(signature or mark)

If person is of African descent, tear of this corner

REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? *medium* Slender, medium, or stout (which)? *medium*

2 Color of eyes? *Blue* Color of hair? *light brown* Bald? *no*

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? *no*

I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

Chas T. Woodcock
(Signature of registrar)

Precinct *Maple Grove*
City or County *Waseca*
State *Minnesota*

June 5th 1917
(Date of registration)