

Kentucky Post - September 30, 1922

Death Notices

BENZINGER—Rose, beloved daughter of the late Bernard and Caroline Benzinger (nee Bauman, aged 56 years, Friday, Sept. 29, 1922, at 8:15 a. m. Funeral Monday, Oct. 2, 1922, from residence of William L. Rice, 3301 Latonia-av, Latonia, Ky., at 7:30 a. m. with requiem high mass at 8 a. m. at Holy Cross Church, Latonia. Burial at Mother of God Cemetery.

In Danger

Form V, S. 2, 200m-6-15-15

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Kenton File No. 20012
Vol. Pct. 3 Registration District No. 112 Registered No. 826
Inc. Town _____ Primary Registration District No. 2
City Covington (No. 3147 Beech Ave St. _____ Ward _____)

2 FULL NAME Rose Benzinger

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>F.</u>	4 COLOR OR RACE <u>W.</u>	5 SINGLE Married Widowed or Divorced (Write the word) <u>Single</u>	6 DATE OF DEATH <u>8:15 A.M. Sep 29th 1922</u>
7 DATE OF BIRTH <u>Sep 4th 1866</u>	8 AGE <u>56</u> yrs. <u>26</u> mos. <u>26</u> ds.	9 OCCUPATION (a) Trade, profession or particular kind of work <u>Housework</u> (b) General nature of industry, business or establishment in which employed (or employer) _____	7 I HEREBY CERTIFY, That I attended deceased from <u>April</u> , 1922 to <u>Sept 29</u> , 1922 that I last saw her alive on <u>Sept 28</u> , 1922 and that death occurred on the date stated above at <u>8:15</u> m.
10 NAME OF FATHER <u>Bernard Benzinger</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>	12 MAREN NAME OF MOTHER <u>Caroline Benzinger</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Elizabeth Rice</u> (Address) <u>3147 Beech Ave</u>		15 CAUSE OF DEATH was as follows: <u>Carcinoma of Ovary Right</u> <u>primary</u> (Duration) yrs. mos. ds. Contributory <u>Carcinoma of Uterus</u> (Secondary) (Duration) yrs. mos. ds. (Signed) <u>Philip Stuberger</u> , M. D. <u>4120</u> , 1922 (Address) <u>711 Madison</u> *State the Disease Causing Death, or, in deaths from Violent Causes, state the Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.	
16 LENGTH OF RESIDENCE For Hospitals, Institutions, Transients or Recent Residents at place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted. if not at place of death? Former or usual residence _____		17 PLACE OF BURIAL, OR REMOVAL, DATE OF BURIAL <u>Mother of Gods</u> <u>Oct 2 1922</u> UNDERTAKER <u>Wm. E. H. G. Co.</u> ADDRESS <u>76 E. 11. St.</u>	

18 Filed Sept 30 1922 X P. Rippe Registrar

11-31M

WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.