

Rice, Mary Elizabeth Benzinger 1859 - 1938

The Times - Star - November 15, 1938

MRS. ELIZABETH B. RICE

Mrs. Elizabeth Benzinger Rice, 78, life-long resident of Covington, died early Tuesday at her home, 3301 Latonia Avenue, after an illness of two months. Mrs. Rice was a widow for 56 years.

She is survived by a son, William I. Rice, Latonia; one brother, Chris Benzinger, Covington, and three sisters, Mrs. John Schnorbus, Lockland, O.; Mrs. Clem Pater and Mrs. John Pater, both of Hamilton, O.

Funeral services will be held Thursday at 8:30 a. m. from the residence, with requiem high mass at 9 a. m. in Holy Cross Church, Latonia. Burial will be in Mother of God Cemetery.

Allison and Rose, Covington, are in charge of funeral arrangements.

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Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27861

1. PLACE OF DEATH
County Kenton
Vot. Pct. _____
Inc. Town _____
City Covington (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Elisabeth Benzinger Rice IF VETERAN, WHAT WAR? _____
(a) Residence, No. 3301 Latonia Ave St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (Indicate by the word) Widow

6. DATE OF BIRTH Dec 31, 1859

7. AGE 78 Years Months 10 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Covington Ky

13. NAME Bernard Benzinger

14. BIRTHPLACE Germany

15. MAIDEN NAME Caroline Bauman

16. BIRTHPLACE Germany

17. INFORMANT Mrs William Rice
(Address) 3301 Latonia ave

18. BURIAL, CREMATION, OR REMOVAL Mother of God Date Nov. 17, 1938

19. UNDERTAKER Allison & Rose
(Address) Covington Ky

20. FILED NOV 16 1938 Mrs H.C. Otholt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 15, 1938

22. I HEREBY CERTIFY that I attended deceased from Oct 28 to Nov 15 1938
I last saw him alive on Nov 14, 1938 death is said to have occurred on the date stated above, at 1:05 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:
Arterio-sclerotic
Heart Disease
Coronary Insufficiency
Contributory causes of importance not related to principal cause:
Art. sclerotic
Name of operation None Date of _____
What test confirmed diagnosis? EC Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19 _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) A. Schweitzer M. D.
(Address) Cov. Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. No. 1 should be stated EXACTLY. PHYSICIAN 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.