

*Resing, George 1866 - 1954*

Kentucky Post – February 11, 1954

## George Resing

Solemn Requiem High Mass will be sung at 9 a. m. Saturday at St. Joseph Church, Covington, for George Resing, 87, lifelong resident of Covington, who died Wednesday at the home of a niece, Mrs. Leona Bischof, 3821 Church street, Covington. Prayers will be said at 8:30 a. m. at the Linnemann Funeral Home, Covington. Burial will be in Mother of God Cemetery.

Mr. Resing, a retired clothier, had been a member of the choir of St. Joseph Church for 50 years. He was a member of the Holy Name Society of the church which will meet at 8:15 p. m. Friday for prayers at the funeral home.

He leaves several nieces and nephews.

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Form V. R. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116	54- 3110
Registration District No. 790		Primary Registration District No. 2290			
1. PLACE OF DEATH a. COUNTY <b>Kenton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Ky.</b> b. COUNTY <b>Kenton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Covington</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Covington</b>			
c. LENGTH OF STAY (In this place) <b>one Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>3821 Church St.</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <b>Cov. Rest Home, 734 Garrard</b>					
3. NAME OF DECEASED a. (First) <b>George</b> b. (Middle) <b>None</b> c. (Last) <b>Resing</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 10- 1954</b>			
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>May 2nd/1866</b>	9. AGE (In years last birthday) <b>87 Yrs</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Stock Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>		11. BIRTHPLACE (State or foreign country) <b>Covington Ky.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13. FATHER'S NAME <b>Joseph Resing</b>		14. MOTHER'S MAIDEN NAME <b>Dont Know</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs Leona Bischof Niese</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b> DUE TO (c) <b>arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Operated for an abdominal carcinoma</b> <b>the he had the flexure of colon</b> <b>in 3/11/47. Dr. Bishop</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1-day</b> <b>5 yrs</b>	
19a. DATE OF OPERATION <b>3-11-47</b>		19b. MAJOR FINDINGS OF OPERATION <b>321x-070-16</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. [CITY, TOWN, OR TOWNSHIP] (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) <b>11:00</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/12, 1945</b> to <b>2/10, 1954</b> , and that death occurred at <b>from the causes and on the date stated above.</b>					
23a. DATE SIGNED <b>4/15/54</b>		23b. ADDRESS <b>1032 South. Park</b>		23c. SIGNATURE <b>George Resing</b> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 13-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mother of God Ceme.</b>	
24d. LOCATION (City, town, or county) (State) <b>Kenton County Ky.</b>					
25a. DATE REC'D BY <b>FEB 11 1954</b>		25b. REGISTRAR'S SIGNATURE <b>Virginia Carlton</b>		25c. FUNERAL DIRECTOR <b>Henry Linnemann Son's</b> ADDRESS <b>Covington Ky</b>	

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