

*Resing, Josephine Wieghaus 1867 - 1951*

Kentucky Post – April 16, 1951

### **Mrs. Josephine Resing**

Solemn requiem high mass will be sung Wednesday at 9 a. m. in St. Joseph Church for Mrs. Josephine Resing, 84, a member of St. Joseph Church choir for 35 years, who died Saturday in her home, 1212 Scott Street, Covington. Burial will be in Mother of God Cemetery, directed by Linnemann funeral home, Covington.

Mrs. Resing held membership in the St. Ann Married Ladies' Society for more than 50 years; the St. Joseph Altar Society, the Villa Madonna Club and the Circle of Mercy of St. Elizabeth Hospital.

St. Ann members will meet in the funeral home Tuesday at 7 p. m. for prayers.

She leaves her husband, George.



Resing, Josephine Wieghaus 1867 - 1951

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| Form V R 1-A<br>FEDERAL SECURITY AGENCY<br>U. S. PUBLIC HEALTH SERVICE<br>NATIONAL OFFICE VITAL STATISTICS   |  | COMMONWEALTH OF KENTUCKY<br>Department of Health<br>BUREAU OF VITAL STATISTICS<br>CERTIFICATE OF DEATH                 |   | FILE NO. 116<br>51 10166               |
| Registration District No. 790  |  | Primary Registration District No. 2290   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Kenton  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)<br>a. STATE Ky. b. COUNTY Kenton |   |  |
| b. CITY (If outside corporate limits, write RURAL, and give township)<br>OR TOWN Covington   |  | c. CITY (If outside corporate limits, write RURAL, and give township)<br>OR TOWN Covington                             |   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or hospital or location)<br>INSTITUTION 1212 Scott St.   |  | d. STREET ADDRESS (If rural, give location)<br>1212 Scott St.  |   |  |
| 3. NAME OF DECEASED<br>a. (First) Josephine<br>(Type or Print)<br>b. (Middle) --<br>c. (Last) Resing   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>4- 14- 1951   |   |  |
| 5. SEX F.  | 6. COLOR OR RACE W.  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married   | 8. DATE OF BIRTH March 17-1867  | 9. AGE (In years last birthday) 84 Yrs |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife   |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country) Covington Ky.               | 12. CITIZEN OF WHAT COUNTRY? U.S.A.    |
| 13. FATHER'S NAME Joseph Wieghaus  |  | 14. MOTHER'S MAIDEN NAME Elizabeth Busse   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO  |  | 16. SOCIAL SECURITY NO. None   | 17. INFORMANT George Resing - Husband                                 |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from liver<br>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Carcinoma of bladder.<br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>19a. DATE OF OPERATION<br>19b. MAJOR FINDINGS OF OPERATION Th. was operated by Dr. Jesse B. Bledsoe, 7th - Davis Cr. Ky. |  | INTERVAL BETWEEN ONSET AND DEATH Prior to 2/4/51   |   |  |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)                | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY   | 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 12/24/1943 to 4/14/1951, that I last saw the deceased alive on 4/14/1951, and that death occurred at 4/16/51, from the causes and on the date stated above.   |  |  |   |  |
| 23a. DATE SIGNED 4/16/51   | 23b. ADDRESS 1032 Scott St. Cov. Ky.   | 23c. SIGNATURE (Degree or title)   |   |  |
| 24a. BURIAL CREMATION, REMOVAL (Specify) Burial  | 24b. DATE 4-18-1951  | 24c. NAME OF CEMETERY OR CREMATORY Mother of God Ceme.   | 24d. LOCATION (City, town, or county) (State) Kenton County Ky        |  |
| 25a. DATE REC'D BY APR 17 1951   | 25b. REGISTRAR'S SIGNATURE J. Linnemann  | 26. FUNERAL DIRECTOR ADDRESS Henry Linnemann Son's Covington Ky.   |   |  |

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