Kemphaus, John H 1874 - 1929

Kentucky Post - October 4, 1929 RITES FOR KEMPHAUS Covingtonian Dies in Hospital After Extended Illness Funeral services for John Kemphaus, 55, of 405 W. 16th-st, Covington, will be held Saturday with requiem high mass at 9 a. m. at St. Augustine Church. Burial will be in Mother of God Cemetery. Kemphaus died Thursday at St. Elizabeth Hospital, Covington, following a lingering illness. He had been ailing for the past 20 years. He had been an employe of the Cambridge Tile Works, Covington, for 32 years. His wife, Mrs. Elizabeth Osfeld Kemphaus, conducts a confectionery at the 16th-st address. Besides his widow, Kemphaus is survived by a daughter, Antoinetwetwo brothers, Joseph and Elex Kemphaus, and two sisters, Mrs. Anna Mohr and Mrs. Lizzle Meter, all of Covington. John J. Radel Co., Newport undertakers, are in charge of the funeral.

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Form V. S. 1-50m-4-17-28 COMMONWEALTH	OF KENTUCKY
1 FLACE OF DEATE State Board of	t Health
State BEATE State Beard BUREAU OF VISA	OF DEATH FILE NO.
Vot. Pot	A C A Carlstand No.
2290	
a low along wilt Elizabeth to be word	
City Contraction of the street and number)	
2 FULL NAME John N. Asup hans	
(a) Residence. No. 4/v W-16 The St., Ward. (If nonresident, give city or towy and State)	
Longth of residence in city or town where death eccurred yrs. mes. ds. How long in U.S., if of foreign birth ? yrs. fes. ds.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Wile the word)	DATE OF DEATH (Month) (Day) (Tear)
Male white or Divorced word)	HEREBY CERTIFY, That Lattended deceased
Sa If married, widowed, or divorced HUSBAND of Stand Lift Neutola	from a cft 13, 19 29 10 Oct 3, 19 27
(or) WIFE of OLYAND I Show of the	that I last saw h alive on Det 7 19
6 DATE OF BIRTH 06-23-1874 (Month) (Day) (Tear)	and that death occurred on the date stated above at 1 4 .
7 AOE IF LESS than 1	The CAUSE OF DEATH was as follows:
55	
S OCCUPATION OF DECEASED	
(a) Trade, profession or Blacksmith Ne	ful (Duration) yrs moe 6 de
(b) General nature of industry,	Contributory Salaric Ulcar - Jactor - Enternt
which employed (or employer)	(Secondary) operation - y & day.
9 BIRTHPLACE (city or town)	IS WHERE WAS DISEASE CONTRACTED
(State or country) Indeand	If not at place of death?
10 NAME OF aller auder Leubha	Usid an operation precede death?
	Was there an autopsy?
BE IL BIRTHPLACE OF FATHER (city or (B)) (State or sountry) Dermany I MAIDEN NAME OF MOTHER Agte Quese	What test confirmed as nog ?
a DMAIDEN NAME Rate Buese	(Bigned)
13 BIRTHPLACE OF MOTHER (city or town) Serunau	Ect 3, 19 29 (Address) Corriguit
(Btate or country)	*State the Disease Causing Death, or, in daths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for addi-
(Informant) Eliz: / emphali	tional space.)
(Address)	19 PLACE OF BURIAL OF BURIAL DATE OF BURIAL
" 10/4 mp pp in MD.	20 UNDERTAKED
Filed	The John & Radello.
Dr. mertingul	