

Kampsen, Bernard Joseph 1911 - 1944

Kentucky Post – March 28, 1944

KAMPSEN—Bernard (Ollie), beloved husband of Rosella Kampsen (nee Rehkamp), Monday, March 27, 1944, at his residence, 2113 Howell-st, Covington, age 32 years. Funeral Thursday, March 30, from the John J. Radel Co. Funeral Home, 1005 Madison-av, Covington, at 8:30 a. m. Requiem High Mass at St. Augustine Church at 9 a. m. Interment Mother of God Cemetery.

Bernard Kampsen
Requiem High Mass for Bernard Kampsen, 2113 Howell street, Covington, will be sung at 9 a. m. Thursday at St. Augustine Church following prayers at the Radel funeral home, Covington, at 8:30 a. m. Burial will be in Mother of God Cemetery.
Mr. Kampsen died late Monday at his home following an illness of several months. He was 32 and had been a resident of Covington all his life. He was a member of Covington Aerie of Eagles. Mr. Kampsen was employed in the foundry at the Wright Aeronautical Corp.
He leaves his widow, Mrs. Rosella Kampsen; a son, Donald Kampsen; his parents, Mr. and Mrs. Joseph Kampson, Covington, and two brothers, Joseph Kampsen Jr., Covington, and Pvt. Charles Kampsen, stationed at Amarillo, Tex.



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Form V. B. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

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

State File No. 2290
Registrar's No. 2290

Registration District No. 790 Primary Registration District No. 2290

1. PLACE OF DEATH: Kenton
(a) County Kenton
(b) City or town Covington
(c) Name of hospital or institution: 2119 Howell
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Kenton
(c) City or town Covington
(If outside city or town limits, write RURAL)
(d) Street No. 2119 Howell
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? 2 years

3(a) FULL NAME Bernard Kampsen
3(b) If veteran, _____ 3(c) Social Security No. _____
Name was _____
4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife Rosella Kampsen
6(c) Age of husband or wife if alive 82 Years
7. Birth date of deceased June 15 1911
(Month) (Day) (Year)
8. AGE: Years 32 Months 9 Days 9 If less than one day hr. _____ min. _____
9. Birthplace Covington Ky.
10. Usual occupation Foreman
11. Industry or business Wright Co. Corp.
FATHER { 12. Name Joseph Kampsen
13. Birthplace Ky
MOTHER { 14. Maiden name Anna Klesman
15. Birthplace Ky

16(a) Informant's own signature Rosella Kampsen
(b) Address 2119 Howell Covington Ky
17. BURIAL, CREMATION, OR REMOVAL
Place Methodist S. C. Date March 30, 1944
18(a) Signature of funeral director John J. Radcliff
(b) Address 1006 Madison Covington Ky
19(a) MAR 31 1944 (Date received by local registrar) (b) Mrs H. C. Offutt (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH March 27 1944
21. I hereby certify that I attended the deceased from Jan. 20 44
to March 27, 1944, that I last saw him alive on March 27, 1944, and that death occurred on the date stated above at 1.41 P. M.
Immediate cause of death Lympho-sarcoma of DURATION _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 479
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature John J. Radcliff (U. S. Registrar)
Address Covington Date signed 3-27-44

Dr. Keetley