

Kampsen, Frank Bernard 1870 - 1953

Kampsen	1891	Ego infrascriptus et emissis tribus denuntiationibus et mutuo contrahentium consensu habito, per verba de presenti matrimonio conjunxi <i>Franciscus</i>
	1 Juli	
Wulf	72	Filium <i>Bernardi</i>
		et <i>Paulinae Wulf</i>
		ex loco <i>Josephlagel</i> in <i>Germa</i>
		Filiam <i>Joseph</i>
		Præsentibus testibus <i>Henr. Rottlinghaus</i>
		et <i>Maria Eighhoff</i>
		<i>Jos. A. Blanke</i>

St. Aloysius Marriage Records – July 1, 1891
Frank Kampsen & Paulina Wulf

Kampsen	1896	Ego infrascriptus et emissis tribus denuntiationibus et mutuo contrahentium consensu habito, per verba de presenti matrimonio conjunxi <i>Franciscus</i>
	24 Juni	
Fischer	15	Filium <i>Bernardi Kampsen</i>
		et <i>Annae Fischer</i>
		ex loco <i>Wilmington, N.Y.</i>
		Filiam <i>Henriette Fischer</i>
		Præsentibus testibus <i>Rudolph Holt-</i>
		<i>haus et Elis. Gedue</i>
		<i>Jos. A. Blanke</i>

St. Aloysius Marriage Records – June 24, 1896
Frank Kampsen & Anna Mary Fischer

Kampsen, Frank Bernard 1870 - 1953

Kentucky Post – July 7, 1953

Frank Kampsen

Solemn Requiem High Mass will be sung at 9 a. m. Thursday at St. Augustine Church for Frank Kampsen, 85, retired self-employed carpenter, who died Monday at home, 1729 Russell street, Covington. Prayers will be said at 8:30 a. m. at the Linne-mann funeral home, Covington. Burial will be in Mother of God Cemetery.

Rev. Leo George Kampsen, a son, who is chaplain at Cardome Academy, Georgetown, will be celebrant of the Mass.

Members of the Holy Name Society of St. Augustine Church will meet for prayers at 8 p. m. Wednesday at the funeral home.



Also Buried here without headstones are:
Anna Maria Romer Kampsen (1825-1911)
Paulina Maria Wulf Kampsen (d. 1895)
Maria Bernardina Kampsen (1895-1895) – child of Frank and Paulina
Mildred Mary Kampsen (1905-1907) – child of Frank and Anna M

Kampsen, Frank Bernard 1870 - 1953

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY		Department of Health		BUREAU OF VITAL STATISTICS		FILE NO. 116 53 14927	
FEDERAL SECURITY AGENCY		U. S. PUBLIC HEALTH SERVICE		NATIONAL OFFICE VITAL STATISTICS		REGISTRARS NO. 726		Registration District No. 790	
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX	
a. COUNTY Kenton		a. STATE Ky. b. COUNTY Kenton		a. (First) Frank Bernard		b. (Month) (Day) (Year) 7- 6- 1953		M.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Covington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Covington		b. (Middle) Kampsen		c. (Last)		6. COLOR OR RACE W.	
c. LENGTH OF STAY (In this place) 70 Yrs.		d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1729 Russell St.		c. (Last) Kampsen		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Feb. 12-1870	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1729 Russell St.		e. STREET ADDRESS (If rural, give location) 1729 Russell St.		4. DATE OF DEATH 7- 6- 1953		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Feb. 12-1870		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Dont Know	
13. FATHER'S NAME Dont Know		14. MOTHER'S MAIDEN NAME Dont Know		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Ralph B. Kampsen	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days		19a. DATE OF OPERATION	
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication to which caused death.		ANTECEDENT CAUSES		DUE TO (b) <i>Heart Arteriosclerosis</i>		DUE TO (c) <i>Semilitis</i>		19b. MAJOR FINDINGS OF OPERATION 331X-070-16	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X-070-16		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 July 1, 1953 to July 2, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at about 8 m., from the causes and on the date stated above.		23a. DATE SIGNED July 9, 1953	
23a. DATE SIGNED July 9, 1953		23b. ADDRESS 440 S. Main St. Paducah, Ky.		23c. SIGNATURE Blalock Air M. D.		24a. FURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-9-53	
24a. FURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-9-53		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 LOCAL REG. JUL 11 1953	
25a. DATE REC'D BY LOCAL REG. JUL 11 1953		25b. REGISTRAR'S SIGNATURE Harrison Dean		25c. FUNERAL DIRECTOR Henry Linnemann Son's		25d. ADDRESS Covington Ky.		26. FUNERAL DIRECTOR ADDRESS	