

Kentucky Post - January 5, 1946

Kin of Monsignor Klosterman Is Dead

Requiem High Mass for Joseph B. Kampsen, 79, brother-in-law of Msgr. Edward G. Klosterman, pastor of Mother of God Church, Covington, will be sung at St. Augustine Church at 9 a. m. Monday following. Prayers at the Muehlenkamp, Costigan & Roll funeral home, Newport, at 8:30 a. m. Burial will be in Mother of God Cemetery.

Mr. Kampsen, employed for 40 years as a foreman with James Griffith & Sons, Cincinnati contractors, died Friday at his home, 1821 Holman avenue, Covington. He was the father-in-law of William Muehlenkamp Jr., a partner in the firm of Muehlenkamp, Costigan & Roll, Newport funeral directors.

A charter member of the Holy Name Society of St. Augustine Church, Covington, he was a former trustee of the church and was a member of the St. Augustine Benevolent Society for many years. He also was a member of Local 785, Carpenters' Union, Covington.

He leaves his widow, Mrs. Mary Kampsen; two sons, John Kampsen, Covington, and Elmer Kampsen, Shomakin, Pa.; three daughters, Mrs. Loretta Rekow, Ludlow; Mrs. Mary Angela Wolfe, Covington, and Mrs. Thelma Muehlenkamp, Ft. Thomas; 19 grandchildren and two great-grandchildren.

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



Kampsen, Joseph Bernard 1866 - 1946

Form V. S. 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. 1904 Registrar's No. 11
Registration District No. 790		Primary Registration District No. 2290		
1. PLACE OF DEATH: (a) County <u>Kenton</u> (b) City or town <u>Covington</u> (If outside city or town limits, write RURAL) (c) Name of hospital or institution: <u>1821 Holman St.</u> (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 <u>Ky.</u> (b) County <u>Kenton</u> (c) City or town <u>Covington</u> (If outside city or town limits, write RURAL) (d) Street No. <u>1821 Holman St.</u> (If rural give precinct) (e) If foreign born, how long in U. S. A. T. <u>63 Y. S.</u> years		
3(a) FULL NAME <u>Joseph Bernard Kampsen</u>		20. DATE OF DEATH <u>Jan 4</u> 19 <u>46</u> MEDICAL CERTIFICATION 21. I hereby certify that I attended the deceased from <u>12/31</u> 19 <u>45</u> to <u>Jan 4</u> 19 <u>46</u> that I last saw him alive on <u>Jan 4</u> 19 <u>46</u> and that death occurred on the date stated above at <u>1:15 P.</u> M. Immediate cause of death <u>Pneumonia</u> DURATION <u>4 days</u> Due to <u>Aspiration</u> Other conditions <u>Met. Sclerosis - Central</u> <u>Seriously</u> (Include pregnancy within 3 months of death) <u>4 years</u> Major findings: <u>none</u> Of operations <u>none</u> 109 77 Of autopsy <u>0</u>		
3(b) If veteran, _____ (c) Social Security No. _____ Name war _____ 4. Sex <u>Male</u> 5. Color or race <u>White</u> 6(a) Single, widowed, married, divorced <u>Married</u> 6(b) Name of husband or wife <u>Mary Kampsen</u> 6(c) Age of husband or wife if alive <u>73</u> Years 7. Birth date of deceased <u>July 4</u> 18 <u>66</u> (Month) (Day) (Year) 8. AGE: Years _____ Months _____ Days _____ If less than one day hr. _____ min. _____ 9. Birthplace <u>Germany</u> 10. Usual occupation <u>Retired Contractor</u> 11. Industry or business _____		12. Name <u>Henry Kampsen</u> 13. Birthplace <u>Germany</u> 14. Maiden name <u>Elizabeth</u> ? 15. Birthplace <u>Germany</u> 16(a) Informant's own signature <u>Mrs. Mary Kampsen</u> (b) Address <u>1821 Holman - Covington - Ky</u> 17. BURIAL, CREMATION, OR REMOVAL Place <u>Mother of God</u> Date <u>1/7/46</u> 19____ 18(a) Signature of funeral director <u>W. J. [unclear]</u> (b) Address <u>Summit Ky</u> 19(a) <u>JAN 7 - 1946</u> (Date received by local registrar) <u>Mrs. H. White</u> (Registrar's signature) 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? _____ (b) Means of injury _____ 23. Signature <u>A. J. Syme</u> (M. D.) Address <u>Covington, Ky</u> Date signed <u>1/7/46</u>		