

Kampsen, Thomas J 1938 - 1943

Kentucky Post - Undated

Thomas J. Kampson

Private services for Thomas J. Kampson, five-year-old son of Mr. and Mrs. Joseph Kampson, 2113 Howell street, Covington, who died Thursday at his home, will be held Saturday.

Besides his parents, he leaves a brother, Donald Kampson.

Burial will be in Mother of God Cemetery.



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

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

Side File No. 42288
Registrar's No. 42288

Registration District No. 790 Primary Registration District No. 2290

1. PLACE OF DEATH:
(a) County Kenton
(b) City or town Covington
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: 2113 Howell St.
(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 Kentucky (b) County Kenton
(c) City or town Covington
(If outside city or town limits, write RURAL)
(d) Street No. 2113 Howell St.
(If rural give precinct)
(e) If foreign born, how long in U. S. A? 2 years

3(a) FULL NAME Thomas Joseph Kampson
3(b) If veteran, _____ No. _____
3(c) Social Security No. _____
4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced SINGLE
6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased January 27/1938
(Month) (Day) (Year)
8. AGE: Years 5 Months 0 Days 3 If less than one day hr. _____ min. _____
9. Birthplace Covington, Ky.
10. Usual occupation _____
11. Industry or business _____
FATHER: 12. Name Bernard Joseph Kampson
13. Birthplace Newport, Ky.
MOTHER: 14. Maiden name Rosella Rehkamp.
15. Birthplace Covington, Ky.
16(a) Informant's own signature Bernard Kampson
(b) Address 2113 Howell St.
17. BURIAL, CREMATION, OR REMOVAL
Place Mount of God Date Feb 6 1943
18(a) Signature of funeral director J. J. Fadel
(b) Address 1005 Madison A ve.
19(a) FEB 5 1943 (Date received by local registrar) Mrs. H. C. White (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH February 4/ 1943
21. I hereby certify that I attended the deceased from Jan 29 1943
to Feb 4 1943, that I last saw him alive on Feb 4 1943, and that death occurred on the date stated above at 12:30 P. M.
Immediate cause of death Acute Jeverohospital Menin DURATION _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
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? _____ (a) Name of injury _____
Signature John T. H. ... (b) Address 1005 Madison Ave. Covington, Ky.