

FILED JAN 19 1944

Registration District No. _____

Primary Registration District No. 2000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 9 days years, months or days)

3. (a) PRINT FULL NAME HENRY G BIPPEN

3. (b) If veteran, name war WORLD WAR II 3. (c) Social Security No. 1-2116

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased August 4, 1918
(Month) (Day) (Year)

8. AGE: Years 26 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Florissant Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Henry John Bippen

13. Birthplace Florissant Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Florissant Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant WD, AGO Forms 20 and 24

(b) Address Spfld., Mo. - O'Reilly Gen. Hosp.

17. (a) Removal (b) Date thereof Dec. 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-16-44 (b) H. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Florissant (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7 December 1944 to 15 December 1944
that I last saw him alive on 15 December 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach Duration 3 mos.

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations Biopsy of left supraclavicular node, 11/8/44. Findings: Carcinoma
Of autopsy Confirmation of above diagnosis.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Robert W. M... M.C.
Address O'Reilly St., Springfield, Mo. Date signed 12/16/44

A report submitted to the Bureau of the Census.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed: *L. Doolin Gorman*

Licensed Embalmer No. *3177*

P. O. Address: *Springfield Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MAE