

No. 2  
-13-40  
-17-39  
I X23159

Registration District No. **318**

Primary Registration District No. **5440**

Registrar's No. **467**

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:  
**Medical Center for Federal Prisoners**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 days**  
(Specify whether  
In this community **6 days**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Georgia** (b) County **Dooly**  
(c) City or town **Unadilla**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **William Ollis Fokes**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Unknown** years  
7. Birth date of deceased **December 2nd, 1890**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **6** Days **4** If less than one day hr. min.

9. Birthplace **Dooly County, Georgia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

12. Name **Frank Fokes**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Annie C. McKinzie**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Subject**

(b) Address \_\_\_\_\_

17. (a) **Removal** (b) Date thereof **June 9, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Unadilla, Ga.**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **6-9-41** (b) **W. E. Handley**  
(Date received local registrar) (Registrar's signature)

13. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **MCFFP, Springfield, Mo.** Date signed \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6th**,  
year **1941** hour **four** minute **one** P.M.

21. I hereby certify that I attended the deceased from **May 30, 1941**  
\_\_\_\_\_, 19\_\_\_\_, to **June 6, 1941**

that I last saw **him** alive on **June 6, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Disease,  
Coronary Thrombosis,  
Myocarditis chronic degeneration.**

Due to \_\_\_\_\_

Due to **93A**

Other conditions **Pulmonary emphysema.**  
(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? \_\_\_\_\_  
(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 location)  
(Specify place)

(e) Means of injury \_\_\_\_\_

13. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **MCFFP, Springfield, Mo.** Date signed \_\_\_\_\_

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

009

**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.....

*Lewis G. Schaff*

Licensed Embalmer No. 3802

P. O. Address Springfield, M.

**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.**