

No. 2
1-13-40
-17-39
X23159

Registration District No. 318

Primary Registration District No. 5440

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 12 days
(Specify whether
In this community 12 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Pontotoc
(c) City or town Ada
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1941 hour 12 minute 40 A. M.
21. I hereby certify that I attended the deceased from May 28, 1941
_____ 19____ to June 9, 1941
that I last saw him alive on June 9, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Obstruction Intestinal
acute. Adhesions Duration 5 Days.

3. (a) PRINT FULL NAME WHITESELL, Acie Lee

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 Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased January 23, 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Coalgate Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Ed Whitesell

13. Birthplace Unknown, except ~~Mo~~ Unknown (USA)
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Christian

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

16. (a) Informant Subject.

(b) Address _____

17. (a) Removal (b) Date thereof 6/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ada, Oklahoma

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)

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

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
Signature W. E. Handley (M. D. or other) _____
Address M. C. F. P., Springfield, Mo. Date signed _____

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

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

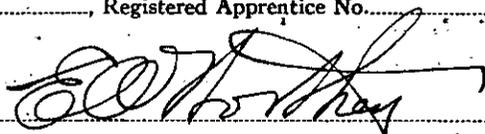
MOTHER FATHER

X

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.

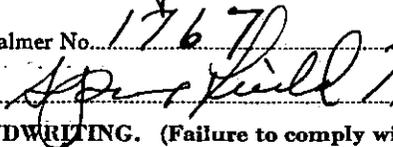
Signed.....



Licensed Embalmer No.

17670

P. O. Address.....



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.

X