

FILED JUN 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. **16059**

Registration District No. 41

Primary Registration District No. 3012

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos., 26 days
In this community 3 mos., 26 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Oklahoma
(c) City or town Oklahoma City
(If outside city or town limits, write "RURAL")
(d) Street No. 3125 S. W. 31st Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Clyde Stanley Proctor

3. (b) If veteran, name war World War II 3. (c) Social Security No. yes, not recorded

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 August 31, 1918
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|--------------------------------|
| | <u>27</u> | <u>8</u> | <u>3</u> | hr. <u>---</u> min. <u>---</u> |

9. Birthplace Pueblo, Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Musician

11. Industry or business Music

12. Name James Proctor

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

14. Maiden name Pearl A. Cole

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

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 5-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma City, Okla.

18. (a) Signature of funeral director VIRGIL HOPE

(b) Address Excelsior Springs, Missouri

19. (a) 5/5/46 (b) Barline Hutchings
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 3 year 1946 hour 8 minute --- P. M.

21. I hereby certify that I attended the deceased from January 8, 1946 to May 3, 1946 that I last saw him alive on May 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic far advanced, active, bilateral unknown

Due to.....

Due to.....

Other conditions Pyopneumothorax, left
(Includes pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy As shown above

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 Barline Hutchings (M. D. or other) M.D.

Address Excelsior Springs, Missouri Date signed 5-4-46
Veterans Administration

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-7-46

AUG 5 1946

JUN 18 1946

NOV 14 1946

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs Me

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.