

FILED MAR 28 1947

Registration District No. 28

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly VA Hosp 17
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community 15 days
years, months or days)

3. (a) PRINT FULL NAME Charles D. L. Proffitt

3. (b) If veteran, name war WWII 3. (c) Social Security No. 487034299

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Aug 13, 1902
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 18 If less than one day
hr. min.

9. Birthplace Edmond, Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation Radio Man

11. Industry or business _____

12. Name Charles Proffitt
13. Birthplace Sedalia, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Proffitt, Wife
(b) Address 2426 E. 10th Tulsa, Okla.

17. (a) Burial (b) Date thereof Mar. 1, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Okla.

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

(b) Address Springfield, Mo.

19. (a) 3-5-47 (b) W S Jansley
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County 999
(c) City or town Tulsa 36
(If outside city or town limits, write "RURAL")
(d) Street No. 2426 E. 10th 0
(If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1947 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from 14 Feb
to 1 Mar, 1947, to _____, 1947;
that I last saw him alive on 1 March, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulm., bilateral, active, far adv. Duration 6 mo.

Due to _____

Due to _____

Other conditions Bronchial asthma
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 13B

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 0

23. Signature A. J. Bondurant (M. D. or other) M.D.
Address O'Reilly VA Hospital Date signed 3-2-47

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

JUN 12 1942

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

Paul J. [Signature]

Licensed Embalmer No.

2457

P. O. Address

[Signature]

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.