

STANDARD CERTIFICATE OF DEATH

State File No. _____

State of Oklahoma 49 14/23 Registrar's No. 236

1 PLACE OF DEATH:
 (a) County Mayes
 (b) City or town Pryor
(If outside city or town limits, write RURAL)
 (c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2 USUAL RESIDENCE OF DECEASED:
 (a) State Oklahoma (b) County Mayes
 (c) City or town Muskogee
(If outside city or town limits, write RURAL)
 (d) Street No. _____
(If rural give location)
 (e) Citizen of foreign country? NO
 If yes, name country _____



3(a) FULL NAME Clyde E. Kimsey 620
 3 (b) If veteran, name war no 3 (c) Social Security No. 444-09-9336

MEDICAL CERTIFICATION
 20. Date of death: Month 12 day 8
 year 1942 hour 10 P.M. minutes _____

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced Married
 6 (b) Name of husband or wife Lucille Kimsey 6(c) Age of husband or wife, if alive _____ years.

21. I hereby certify that I attended the deceased from _____
 _____ 19 _____ to _____ 19 _____
 that I last saw h. _____ alive on _____
 and that death occurred on the date and hour stated above.

7. Birth date of deceased August 6, 1904
(Month) (Day) (Year)
 AGE: Years Months Days If less than one day
38 3 27 _____ hr. _____ min.

Immediate cause of death Cerebral Injury
 Due to _____

9. Birthplace Ducktown, Tenn.
(City, town, or country) (State or foreign country)

Due to An accident

10. Usual occupation laborer

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

11. Industry or business Truck driver

Major findings: _____
 Of operations 170e

12. Name W. E. Kimsey

Of autopsy _____

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

14. Maiden name Lillie Bryant

16. Birthplace Tenn.
(City, town, or country) (State or foreign country)

6. (a) Informant's own signature _____
 (b) Address Pryor, Oklahoma

7 (a) Burial (b) Date thereof 12/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence 12-8-42
 (c) Where did injury occur? Pryor, Tenn.
(City or town)
 (d) Did injury occur in or about home or other place, in public place? State Pryor
(Specify type of place)

(c) Place; burial or cremation Fairview Cem.
 Was body embalmed? Yes Yes No _____
 Signature of embalmer N.W. Bean

8. (a) Signature of funeral director N.W. Bean
 (b) Address Pryor, Oklahoma

23. Signature _____ (c) _____
 Address Pryor, Oklahoma

9 (a) 12-4-47 (b) _____
(Date received local registrar) (Registrar's signature)