

### Re-interment Plan Proposa January 28, 2021



### **Purpose of Discussion**

 Develop consensus on a plan for disinterment and re-interment that allows the next phase of work at Oaklawn Cemetery to proceed this summer.

### Constraints

- A plan for re-interment is required prior to exhuming any remains;
- A Notice of Disinterment must be filed with Oklahoma State Department of Health if re-interment will be in the same cemetery;
- + A **Disinterment Permit** must be applied for and granted by OSDH if re-interment will be in a **different cemetery.**

### Authority

- + 63 O.S. §1-319(C) requires the consent of next of kin to submit a Notice of Disinterment/Re-interment or a Request for Disinterment Permit.
- The remains at Oaklawn are currently unidentified, so we are unable to establish their legal representatives, descendants, or legal guardians.

## Authority (cont.)

- If the decedent was a person the final disposition of whose body is the financial responsibility of the state or a political subdivision of the state, the public office or employee responsible for arranging the final disposition of remains of the decedent may grant consent. See 21 O.S. §1158(9).
- Accordingly, the City of Tulsa meets the statutory requirement to provide consent for a Notice of Disinterment/Re-interment or a Request for Disinterment Permit.

### Instructions:

If you are disinterring and re-interring in the <u>same cemetery</u>, complete the Notice. The Notice must be completed and submitted to the State Registrar of Oklahoma within five (5) days of such action.

If you are disinterring and re-interring to a <u>different cemetery</u> or for the purpose of <u>cremation</u>, complete the Request. Submit the completed Request to the State Registrar of Oklahoma prior to the disinterment.

Notice of Disinterment/Re-interment						Date disinterment was completed: / / 20		
	Name of Deceased (First, Middle, Last):					Date of Birth :		
(ylı	Place of Death (city, county, state):				Date of Death:			
	Place of Burial	Cemetery Name :	Cemetery City:	Cemetery City:				
Iete	Disinterment to be done by:	Funeral Director Name (print/type)			er	Telephone Number		
cen		Name of Funeral Home:			lity & State			
(Yinto temetery only )	63 O.S. 2011, Section 1-319 C. The consent of the next of kin shall be completed by the next of kin in order of priority as established in Section 1158 of Title 21 of the Oklahoma Statutes.							
	Next-of-Kin Name (print/type):	Relationship (check box)     1. Legal Representative     2. Spouse       3. Adult child     4. Parent     5. Adult Sibling     6. Guardian						
ž		□ 7. Other:						
	Signature of Next-of-Kin:	Signature of Funeral Director:						

### Oklahoma State Department of Health

 OFFICIAL USE ONLY:
 OFFICIAL USE ONLY:

 State
 Date received:
 \_\_\_\_\_\_

 Date filed:
 \_\_\_\_\_\_\_
 State File Number:

### Oklahoma State Department of Health Request for Disinterment Permit

Name of Deceased (First, Middle, Last):					Date of Birth :	
Place of Death {city, county, state}:				Date of Death:		
Current Place of Burial	Cemetery Name :		Cemetery City:			
New Place of Burial:	Cemetery Name:		Cemetery City & State:			
Disinterment to be done by:	Funeral Director Name (print/type)		License Number		Telephone Number	
	Name of Funeral Home:					
	Funeral Home Address: {street, city, state}					
63 O.S. 2011, Section 1-319 C. The consent of the next of kin shall be completed by the next of kin in order of priority as established in Section 1158 of Title 21 of the Oklahoma Statutes.						
Next-of-Kin Name (print/type):	Relationship (check box)       1. Legal Representative       2. Spouse         3. Adult child       4. Parent       5. Adult Sibling       6. Guardian         6. Other:					
Signature of Next-of-Kin:	Signature of Funeral Director:					
Pursuant to the regulation of the State Board of Health, adopted under authority of 63 O.S. 2011 § 1-319B, permission is hereby given to disinter, re and reinter as set forth in the application.						
State Registrar Signature:	Date Signed:					
OfFActors         OFFICIAL USE ONLY:           State         Date received: Date filed: State File Number:						
	Place of Death (city, county, state Current Place of Burial New Place of Burial: □ Cremation Disinterment to be done by: 63 O.S. 2011, Section 1-319 C. Th Title 21 of the Oklahoma Statute Next-of-Kin Name (print/type): Signature of Next-of-Kin: Pursuant to the regulation of the and reinter as set forth in the app State Registrar Signature: habovas	Place of Death (city, county, state):         Current Place of Burial       Cemetery Name :         New Place of Burial:       Cemetery Name :         Cremation       Cemetery Name:         Disinterment to be done by:       Funeral Director Name (print/type)         Name of Funeral Home:       Funeral Home Address: (street, city, state)         63 0.5. 2011, Section 1-319 C. The consent of the next of kin shall be completed fitle 21 of the Oklahoma Statutes.         Next-of-Kin Name (print/type):         Signature of Next-of-Kin:         Pursuant to the regulation of the State Board of Health, adopted under authority and reinter as set forth in the application.         State Registrar Signature:         DeficiAL USE ON	Place of Death (city, county, state):         Current Place of Burial       Cemetery Name :         New Place of Burial:       Cemetery Name:         Cremation       Cemetery Name:         Disinterment to be done by:       Funeral Director Name (print/type)         Name of Funeral Home:       Funeral Home Address: (street, city, state)         63 0.5. 2011, Section 1-319 C. The consent of the next of kin shall be completed by the next of kin fille 21 of the Oklahoma Statutes.         Next-of-Kin Name (print/type):       Relationship (chi ] 3. Adult child ] 6. Other:         Signature of Next-of-Kin:       Signature of Fun         Pursuant to the regulation of the State Board of Health, adopted under authority of 63 0.S. 2011 \$ 3: and reinter as set forth in the application.         State Registrar Signature:       OFFICIAL USE ONLY:	Place of Death (city, county, state):       Cemetery Name :       Cemetery City:         Current Place of Burial:       Cemetery Name :       Cemetery City:         Description:       Cemetery Name:       Cemetery City:         Disinterment to be done by:       Funeral Director Name (print/type)       License Number         Name of Funeral Home:       Funeral Home Address: (street, city, state)       E         63 0.5. 2011, Section 1-319 C. The consent of the next of kin shall be completed by the next of kin in order of prior Title 21 of the Oklahoma Statutes.       Relationship (check box) [] 1. Le [] 3. Adult chill [] 4. Parent 1[] 6. Other:	Place of Death (city, county, state):       Date of D         Current Place of Burial       Cemetery Name :       Cemetery City:         New Place of Burial:       Cemetery Name:       Cemetery City & State:         Disinterment to be done by:       Funeral Director Name (print/type)       License Number         Name of Funeral Home:       Name of Funeral Home:       E         63 0.5. 2011, Section 1-319 C. The consent of the next of kin shall be completed by the next of kin in order of priority as estable fitte 21 of the Oklahoma Statutes.       Relationship (check box) = 1. Legal Represe = 3. Adult child = 4. Parent = 5. Adult S         Next-of-Kin Name (print/type):       Signature of Funeral Director:       Signature of Funeral Director:         Pursuant to the regulation of the State Board of Health, adopted under authority of 63 0.5. 2011 § 1-3198, permission is hereby and reinter as set forth in the application.       Signature:       Date Signed:	

Making a false statement or knowingly concealing a material fact or otherwise committing fraud in an application for a disinterment permit is unlawful and shall constitute a misdemeanor for a first offense and, upon conviction, shall be punishable by a fine not exceeding Ten Thousand Dollars (\$10,000.00). Any second or subsequent offense shall constitute a felony and, upon conviction, shall be punishable by a fine of up to Ten Thousand Dollars (\$10,000.00) or imprisonment in the custody of the Department of Corrections for a term of not more than two (2) years, or both. [63 O.S. 1-324.2]

### **Scenarios**

1) Forensic analysis is <u>inconclusive</u> or indicates individuals <u>are not</u> victims of the Tulsa Race Massacre	2) Forensic analysis indicates individuals <u>are victims</u> of the Tulsa Race Massacre (Original 18 and/or others)
Exhume	Exhume
Analyze	Analyze DNA samples taken
Re-interment at Oaklawn Cemetery	Place bodies in storage pending potential identification of next of kin through DNA analysis and genealogy (could take years)
	-OR-
	Re-interment at Oaklawn; Next of kin, if found through DNA, could obtain re-interment permit to move in the future
Memorialize search with descriptive plaque or monument at Oaklawn Cemetery	Memorialize those who were found and those who remain missing at Oaklawn, looking to Tomb of the Unknown Soldier and memorials for Holocaust victims as examples

### Proposal

- + File a Notice of Disinterment/Re-interment
  - Both disinterment and re-interment to take place in Oaklawn Cemetery
  - City of Tulsa will exercise authority under 21 O.S. §1158(9) to satisfy requirement for consent of the next of kin
  - Physical Investigation Committee will continue planning and preparation for excavation at Oaklawn Cemetery this summer, including procurement of additional archeological services and funeral director services
  - Public Oversight Committee to discuss memorial at February meeting

# **Thank You**

