

REC'D MAR 8 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7551  
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 316  
(b) Township Tavern Primary Registration District No. 5945 Registered No. 4  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clyde Raymond Singleton

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
2 3 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unknown  
9. Industry or business in which work was done, as saw mill, bank, etc. unknown  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 1

12. BIRTHPLACE (CITY OR TOWN) Near Crocker  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Raymond S Singleton

14. BIRTHPLACE (CITY OR TOWN) Crocker  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Henryetta Porter

16. BIRTHPLACE (CITY OR TOWN) St. Joseph  
(STATE OR COUNTRY) Missouri

17. INFORMANT Raymond Singleton  
(ADDRESS) Crocker Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker, Mo. DATE 2/14/39

19. FUNERAL DIRECTOR (NAME) J. L. HOOPS & SONS  
(ADDRESS) Crocker Mo.

20. FILED 7/3 1939 N. Sell  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939 to Feb. 12, 1939  
I last saw him alive on Feb. 12, 1939. Death is said to have occurred on the date stated above, at 11:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Biancho Pneumonia Date of onset 7/9/39  
107W

Other contributory causes of importance: unknown

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify ..... (Signed) N. Sell, M. D.  
(Address) Crocker Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 *G. J. Hoops*  
.....  
Licensed Embalmer No. 3618

P. O. Address Crocker, Mo.

**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, above space should be left blank.**