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

2070
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 51
(c) City St. Joseph, — (d) Street No. Missouri Methodist Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Doyle Marion Morrow, 600
(a) Residence, No. ____ St. [ ] Grant City, Missouri,
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) January 5, 1936
7. AGE: Years 2 | Months 0 | Days 9 | If LESS than 1 day, ____ hrs. or ____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ravenwood, Missouri.
FATHER
13. NAME Oral Morrow,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ravenwood, Missouri,
MOTHER
15. MAIDEN NAME Fern Gregory,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanberry, Missouri,
17. INFORMANT Mrs Tom Morrow
(ADDRESS) Grant City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant City, Mo DATE Jan. 14th. 19 38
19. FUNERAL DIRECTOR Sheaton-Bryan-Bassett
(ADDRESS) 319 So. 10th. Street, Tuma
20. FILED Jan. 14 19 38 A. J. Neuffenbaum Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 14 19 38
22. I HEREBY CERTIFY, That I attended deceased from 1.13.38, 19..., to 1.14.38, 19...
I last saw him alive on 1.14.38, 19... Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Second degree burns over entire surface of trunk arms & legs	1.1.38

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1.1.38, 19...
Where did injury occur? Grant City Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Burned by stove
Nature of injury Extensive burns as above
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. T. Rogers, M. D.
(Address) St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—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, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself 1/14/38

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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.)