

FILED MAY 6 1942  
Registration District No. 1902

Primary Registration District No. 5595

Registrar's No. 41

1. PLACE OF DEATH:  
(a) County Johnson  
(b) City or town Valley City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(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 30 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Simpson Township  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Alice Norton  
(b) If veteran.  name war \_\_\_\_\_  
(c) Social Security No. ✓  
4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced, widow  
(b) Name of husband or wife Alex Rodney Norton 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased August 25 1860  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 5  
year 1942 hour 11:30 minute A M.  
21. I hereby certify that I attended the deceased from Feb 23  
1942 to April 5 1942  
that I last saw her alive on April 5 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 7 Days 11  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic myocarditis Duration 2 yrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Pre-existing Broncho-Pneumonia 2 wks  
(Include pregnancy within 3 months of death)

9. Birthplace Pike County, Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farm wife  
11. Industry or business \_\_\_\_\_  
12. Name John Watts Stark  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Fry  
15. Birthplace Unknown 11  
(City, town, or county) (State or foreign country)  
16. (a) Informant Will Edward Drake  
(b) Address 4007 E. 35th St. Kansas City, Mo.  
17. (a) ~~Marshall Cemetery~~ (b) Date thereof Apr 7 1942  
(Burial, cremation, etc.) (Month) (Day) (Year)  
(c) Place: burial or cremation Marshall Cemetery  
18. (a) Signature of funeral director C. L. Saults  
(b) Address Knob-Noster, Mo.  
19. (a) April 7 1942 (b) Sole M. Williams  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 709  
Of autopsy \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature W. Williams (M. D. or other) ✓  
Address Warrensburg, Mo Date signed April 7 1942

MOTHER FATHER

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

*Dr. Chris Johnson*

RECEIVED  
District Health Officer No. 0,  
District File Number.....  
Date Filed 5-5-42

**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, \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Widley R Saults*  
Licensed Embalmer No. 4233  
P. O. Address *Krieb Posters 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, fact should be so stated above.**