

DEC 7 9 1938

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

40146
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 743

(b) Township Orrick Primary Registration District No. 4445

(c) City Orrick (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred 40 yrs. 9 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Essie Bernice Jackisch

(a) Residence, No. Orrick, Missouri St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-1898

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

40 9 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) November 1938

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Orrick

(STATE OR COUNTRY) Missouri

FATHER

13. NAME Michael Ashby Stokes

14. BIRTHPLACE (CITY OR TOWN) Orrick,

(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Lulu Russel

16. BIRTHPLACE (CITY OR TOWN) _____

(STATE OR COUNTRY) Tenn.

17. INFORMANT Miss Lydia Stokes

(ADDRESS) Orrick, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Riffe Cemetery DATE 11/19/38

19. FUNERAL DIRECTOR Gibson & Son

(ADDRESS) Orrick, Missouri

20. FILED Nov 19 1938 BB Campbell, M.D.

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1938, to Nov 17, 1938

I last saw her alive on Nov 17, 1938. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Toxic Gastric
Chronic Nephritis
The real cause of death
was Toxic Gastric
Heart much enlarged - 66

Other contributory causes of importance:
Very obese, Asthma Cordis -
Just heart 130-140
then was fever - Dyspnea

Name of operation _____ Date of _____

What test confirmed diagnosis? above Was there an autopsy? no

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) Rob. Stokes, M. D.

Orrick Mo

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, C. V. Gibson, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Edward C. Gibson, Registered Apprentice No. 151

working under my personal supervision.

Signed 

Licensed Embalmer No. 2299

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.)