

REC'D MAY 10 1938

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

15102
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 474
(b) Township Ozark Primary Registration District No. 5638 Registered No. _____
(c) City Halltown (d) Street No. 5 miles West Of Halltown Mo. Hy 66 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 Gerhardus Cornelius Snyman. 555

(a) Residence, No. 4446 Terrace Avenue, St. Merchantville N. J.
(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*) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1884.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 8 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mining Eng.
9. Industry or business in which work was done, as saw mill, bank, etc. At Nevada.
10. Date deceased last worked at this occupation (month and year) April 1938 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East London. South Africa.

FATHER 13. NAME William Dedrik Snyman.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johannesburg. South Africa.

MOTHER 15. MAIDEN NAME Sara Viljeon.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East London. South Africa.

17. INFORMANT (ADDRESS) Mrs. Ethel F. Snyman. Merchantville, New Jersey.

18. BURIAL CREMATION, OR REMOVAL PLACE Westminster Cem. Philadelphia, Pa. Nov. 4/13 1938

19. FUNERAL DIRECTOR (ADDRESS) J. H. King, Funeral Home Aurora Mo.

20. FILED 7/28 1938 Mrs. Anna Wilkerson Local Registrar. (Address) Aurora Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive after death, 19____, Death is said to have occurred on the date stated above, at 7:50 A. M.
The principal cause of death and related causes of importance were as follows:

Fracture of Skull
Crushed chest

Date of onset

Other contributory causes of importance:

Passenger in car.

Name of operation _____ 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 suicide Date of injury 4/8, 1938
Where did injury occur? Highway 26 in Missouri
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place
Nature of injury Fracture of Skull & Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Herman Durridge Corcoran
(Address) Aurora Mo.

STATEMENT BY LICENSED EMBALMER

I, Herman Hurridge

Licensed Embalmer No. 3072

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

me

L. E.

No. 3072

or by

Registered Apprentice No.

working under my personal supervision.

Signed

Herman Hurridge

Licensed Embalmer No. 3072

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.)