

FILED JUN 18 1948

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Boone  
 (b) City or town Columbia  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Noyes Hospital 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 29 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME DANIEL WILLIAM AUFRANC

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mary J. Carl Aufranc  
 6. (c) Age of husband or wife if alive            years  
 7. Birth date of deceased 12 - 11 - 1879  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 5 29 hr. min.

9. Birthplace Jefferson City Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Simon Eugene Aufranc  
 13. Birthplace Berne Switzerland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Emma Bandilier  
 15. Birthplace            9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D.W. Aufranc  
 (b) Address Route 4, Columbia, Mo.  
 17. (a) Burial (b) Date thereof 6-13-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parker Funeral Service  
 (b) Address Columbia, Mo.

19. (a) 6-11-48 (b) Mrs. R.E. Palmer  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10  
 (c) City or town Columbia 0  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. Route 4 1  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country           

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
 year 1948 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 21 19 48 to June 10 19 48  
 that I last saw him alive on June 10 19 48  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bilateral 12 days  
 Duration

Due to Aspiration of fluid

Due to             
 Other conditions Carcinoma of sigmoid 1 year  
 (Include pregnancy within 3 months of death)

Major findings: Peritoneal Ca implants PHOT  
 Of operations             
 Of autopsy             
 PHYSICIAN             
 Underline the cause to which death should be charged statistically.

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 Rovase E. Thomas (M. D. or other)  
 Address 919 University Ave Date signed 10 June 48

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUN 17 1948

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 *Tom M Harg*  
Licensed Embalmer No. *4067*  
P. O. Address *Columbia Md*

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.