



RECEIVED  
STATE HEALTH OFFICER NO. 8  
District File Number  
Date Filed 10/10/89

**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, .....

*Ralph E. Baker*, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Ralph E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Seaside 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, above space should be left blank.**