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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.....

.....*Myron A. LaRue*..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Myron A. LaRue*.....  
Licensed Embalmer No. *4025*.....  
P. O. Address *Fredricksford, 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.**