

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.....

Bert Legan

Licensed Embalmer No.....

3979

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2255

On this 14th day of July, 1941, before me appears.....

Bertha Bobrow, who, upon her oath, states that the original record of birth
for Louis Bobrow died June 11th, 1941, in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. Date of Birth should read October 19, 1876

Instead of "Unknown"

Item No. Age should read 64-7-22

Instead of 67

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Bertha Bobrow Relationship (wife)

3925 South Benton
Present Address. M.C. Mo.

Subscribed and sworn to before me this 14th day of July, 1941.

My Commission expires February 3-1945 W. J. Fodur Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

20725