

50M-5-17-39  
Rev. 5-17-39.

District Health Officer No. 4  
District File Number 442  
Date Filed 4-14-42

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.....

Gene Cravatt....., Registered Apprentice No. 300.....  
working under my personal supervision.

Signed Lynnan Steele.....

Licensed Embalmer No. 2476.....

P. O. Address Jackson 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.