

RECEIVED

District Health Officer No. 7

District File Number 6-43-639

Date Filed 6-11-43

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

Mark E. Eisinger

Licensed Embalmer No. 2656

P. O. Address Nebraska, 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of mo
County of Vernon } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this day of, 194....., before me appears

....., who, upon oath, states that the original record of ^{birth} death
for Jerry M. Davis died May 30, 1942 in the State of
Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 7 should read April 19, 1885

Instead of Apr 19, 1886

Item No. should read

Instead of

Item No. 8 should read 55 yrs. 1 mo. 11 days

Instead of 56 yrs 1 mo. 11 days

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 Mrs. Nora Miller ^{Sister}
Relationship.

9037. Kansas
Present Address.

Subscribed and sworn to before me this 16" day of July, 1942

My Commission expires Feb. 25, 1946 Frank E. Gustin Notary Public.

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

5-19246