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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.....

William C. McDowell, Registered Apprentice No. ....  
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2119

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.

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

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County St. Louis } ss.

State File No. ....

**AFFIDAVIT FOR CORRECTION OF A RECORD** Local Registrar's No. 12023

On this 29th day of Dec., 1944 before me appears Mary Jackson, who, upon her oath, states that the original record of ~~her~~ death

for Ada Fields ~~born~~ <sup>died</sup> 12-30-43, 19....., in the State of Missouri, and which was filed at St. Louis, Mo. on 12-31-43, 19....., should be corrected as follows:

Item No. 2d should read 4444 Cote Brilliante  
Instead of..... 4263 Cote Brilliante

Item No..... should read.....  
Instead of.....

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

(SEAL)

*Amended 12-29-44*  
X Affiant Mary Jackson <sup>daughter</sup>  
Relationship. daughter  
4437 Cote Brilliant  
Present Address.

Subscribed and sworn to before me this 29 day of Dec., 1944

My Commission expires..... Paul Judd Notary Public.

S-39785