



RECEIVED

District Health Office No. 2,

District File Number 644-897

Date Filed 6-19-44

1944 607 17 12 67 H.

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: *Christian M. Landess*

Licensed Embalmer No. 4227

P. O. Address: *Campbell, 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, fact should be so stated above.