

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.....

W. L. Ward

Licensed Embalmer No..... *3991*

P. O. Address..... *309 E. 67*

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.

W. L. Ward

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of mo.
County of Jackson } ss.

State File No.....
Local Registrar's No. 2963

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of August, 1944, before me appears Mrs. Maggie C. Smith, who, upon her oath, states that the original record of ^{birth} death for Rinia S. Smith died July 15 _{born}, 1944, in the State of Missouri, and which was filed at H.C. mo. on 8-17, 1944, should be corrected as follows:

Item No. 9 should read Windsor, Mo.
Instead of Calhoun, mo.

Item No. should read

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Maggie C. Smith Relationship.

5711 7th St Present Address.

Subscribed and sworn to before me this 7th day of August, 1944

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

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

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