

OCT 10 1984

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..... *Ronald Yahnke*

Licensed Embalmer No..... *3917*

P. O. Address..... *4335 Washington*

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..

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 2 day of October, 1946, before me appears

Hessie Stone, who, upon her oath, states that the original record of ^{birth}~~death~~

for Lee Stone ^{died}~~born~~ September 26, 1946, in the State of Missouri, and which was filed at St. Louis County on Sept. 28, 1946, should be corrected as follows:

Item No. 7 should read Septmeber 26, 1875

Instead of September 26, 1872

Item No. 8 should read 71

Instead of 74

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

Item No. should read

Instead of

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

(SEAL)

Affiant: Hessie F Stone wife Relationship.

8836 Blewett Jennings
Present Address.

Subscribed and sworn to before me this 2 day of October, 1946.

My Commission expires May 21, 1947 Betty B. Collins Notary Public.

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

10-9-46
Ms #1-7

31288

DEC 10 1965