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RECEIVED
District Health Officer No. 7,
District File Number 3-47-448
Date Filed 4-17-47

APR 14 1949

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.....

Fred E. Williams Jr......, Registered Apprentice No. 434,
working under my personal supervision.

Signed Fred Williams.....

Licensed Embalmer No. 2478

P. O. Address Clinton 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.