



RECEIVED

District Health Officer No. 4

District File Number 647-863

Date Filed 6-24-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~was~~ embalmed by me, or by not  
embalmed, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Paul H. Royal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.**