

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;  
District File Number 1048-1122  
Date Filed 10-9-48

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.....

Charles R. Fish....., Registered Apprentice No. 45  
working under my personal supervision.

Signed.....

C A Roof

Licensed Embalmer No. 3044

P. O. Address Spinesville 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.