

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-26-49

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 _____

ROLAND M. GIFFEE

Student Embalmer No. 260

working under my personal supervision.

Student Roland M. Giffee
Student Embalmer

Signed

J. H. Brill

Licensed Embalmer No. 832

P. O. Address Weston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

• If this body is not embalmed, fact should be so stated above.