



RECEIVED

District Health Officer No.

District File Number 5-49-9

Date Filed MAY 24 1925

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

Karl R. Kent

Student Embalmer No. 243

working under my personal supervision.

Signed... Karl R. Kent

Student Embalmer

Signed... Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.