



MAY 26 1949

Received

Laclede County Health Unit

File No. 5-79-63

Date Filed MAY 26 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

Student Embalmer No.

working under my personal supervision.

Signed

S. P. Palmer

Signed

Student Embalmer

Licensed Embalmer No.

2208

P. O. Address

Lebanon 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.