

RECEIVED JUN 27 1949
District Health Officer No. 9
District File Number

JUL 1 1949

JUL 2 1 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 Elmer Helbig

Signed _____
Student Embalmer

Licensed Embalmer No. 3521

P. O. Address Kimmswick 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.

[Faint handwritten notes and signatures at the bottom of the page]