



RECEIVED

District Health Officer No. . . . .

District File Number . . . . .

Date Filed 10-17-49

**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 . . . . .

Student Embalmer No. . . . .

working under my personal supervision.

Student . . . . .  
Student Embalmer

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North K.C. 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.