

(Licensed Embalmer's Statement on Reverse Side)

Rec'd Dist. #5- 11/30/49

RECEIVED

District Health Officer No. 5,

District File Number 1249

Date Filed 12-2-49

RECEIVED DEC 12 1949

District Health Office No. 6,

District File Number 1249-1348

Date Filed 12-14-49

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 _____

working under my personal supervision.

Student

Student Embalmer

Student Embalmer No. _____

Signed

Licensed Embalmer No. 3432

P. O. Address West Plains

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.