

FEB 2 1950

JAN 30 1950

RECEIVED

1/26/50

District Health Officer No. 5,

District File Number 15062

Date Filed 1/26/50

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 Harry M. Jones

Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Harry M. Jones

Signed _____

Student Embalmer

Licensed Embalmer No. 2628

P. O. Address Steebelle 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.