



**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

*Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 2510350

State of ..... }  
County of ..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6601

On this ..... day of ....., 194....., before me appears.....

....., who, upon ..... oath, states that the original record of birth death  
for Harvey A. Neher died 7-31-1950, 19....., in the State of  
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 8 should read March 3- 1887

Instead of..... 1886

Item No. 9 should read Age 63

Instead of..... 64

Item No. 17 should read ~~Betty R. Rich~~ Mrs. Bryant R. Rich

Instead of..... Betty R. Merrill

Item No. .... should read .....

Instead of.....

Item No. .... should read .....

Instead of.....

Item No. .... should read .....

Instead' of.....

Item No. .... should read .....

Instead of.....

Item No. .... should read .....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Jim C. Ham Fun. Dir  
Per C.R. Lupton & Sons Relationship.  
7233 Delmar  
Present Address.

Subscribed and sworn to before me this 9 day of Aug, 1950

My Commission expires 3-4-53 Paul J. Palford Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.