

Date Received: OCT 6 1957
DISTRICT HEALTH OFFICE #2
District File Number 10-56-
Date Filed: OCT 6 1957

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 S. L. Leopard
Licensed Embalmer No. 3970
P. O. Address Menden 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.