



DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED SEP 19 1950

Dist. File 950-1967

Date Filed 9-23-50

STATEMENT BY LICENSED EMBALMER

*NOT EMBALMED*

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 Embalmer No. ....

Signed \_\_\_\_\_  
Student Embalmer

Signed *James D. Crafton*  
Licensed Embalmer No. 4668

P. O. Address Aurora, 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.