

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, N.O.

RECEIVED
SEP 28 1950
RECEIVED

FILE No. 950-24

*not a ...
... ..*

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.....

Coder Funeral Home

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

William Coder

Licensed Embalmer No. 3723

114 P. O. Address 114 Green Street, Pied

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.

Number