



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 me

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Wm. S. Laffer*

Signed.....

Student Embalmer

Licensed Embalmer No. 4699

P. O. Address N. Charles, 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 of..... }  
County of..... } ss.

State File No. 31649-50  
Local Registrar's No. 7760

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....  
....., who, upon..... oath, states that the original record of birth  
for Joseph Leo Galson (Galczynski 9-11-1950), 19....., in the State of  
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

- Item No. 3 should read Joseph Leo Galson (Galczynski  
Instead of..... " " "
- Item No..... should read.....  
Instead of.....

The above is true to the best of my knowledge, information and belief.  
(SEAL) Affiant John Stygard Fun. Dir  
1841 Cass Dir  
Present Address. Relationship.

Subscribed and sworn to before me this 10 day of Oct., 1953  
My Commission expires 3-4-53 Emil Dulber Notary Public.

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