



NOV 16 1950

Date Received: OCT 31 1950

DISTRICT HEALTH OFFICE #2

District File Number 10-50-180

Date Filed: OCT 31 1950

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

*Glen A Gibbons*

working under my personal supervision.

Student Embalmer No.....

Signed

*Glen A Gibbons*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4624

P. O. Address Kirksville, 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.