

RECEIVED 11-1-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-1-50

APR 29 1951 67 887

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 *James E. Jones*

Licensed Embalmer No. *23143*

P. O. Address *Slater, 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.