



RECEIVED 11-14-50  
Jasper County Health Office

County File Number 50-11-814

Date Filed 11-14-50

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

Carey Thompson Jr. Student Embalmer No. 384  
working under my personal supervision.

Student Carey Thompson Jr.  
Student Embalmer

Signed Carey Thompson Sr.  
Licensed Embalmer No. 3259

P. O. Address Neesho 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.