



**RECEIVED**

1-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 1-15-51

**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 -----

working under my personal supervision.

Student Embalmer No. ....

Signed

*KPM Crary*

Signed.....

Student Embalmer

Licensed Embalmer No. 3153

P. O. Address

*Sedalia 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.