



File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 21 1951

RECEIVED

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 on the  
day of May 1951

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*C. W. Hopkins*  
C. W. Hopkins

Signed.....

Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.