

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

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Dist. File 621-1331

Date Filed 6-16-51

MS 13 62

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. Surrendered to Arkansas Student Embalmer No. _____

Student
Student Embalmer

Signed C. B. Porter

Licensed Embalmer No. 599

P. O. Address Rogers, Ark

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.