

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

RECEIVED SEP 19 1951

Dist. File 921-1700
Date Filed 9-19-51

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.....

[Handwritten signature]

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

10 21 1951

Signed *[Handwritten signature]*

Licensed Embalmer No. 3812

P. O. Address Springfield, 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.