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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the rev	rse side of this certificate was en	mbalmed by me, or by
	, Student Emba	iner No
working under my personal supervision.	A. 911 (7

Student Embalmer

If this body is not embalmed, fact should be so stated above. (3)

Licensed Embalmer No. 4281

P. O. Address Maryville 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.)