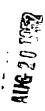
(Licensed Embelmer's Statement on Reverse Side)

RECEIVED 8-6-52

Jasper County Health Office

County File Number 52/8/614

Date Filed 8-6-52



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate was embalmed by me, or by
	St.
	Student Embalmer No

working under my personal supervision.

na: supervision

Student Embalmer

1440

Licensed Embalmer No. 4440

P. O. Address Carthage, 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 embelled for about the constitutes are sent above.

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