

Received **SEP 13 1952**
Laclede County Health Unit
File No. 9-52-121
Date Filed **SEP 13 1952**

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.

Student Embalmer No.

Signed S. P. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.