

RECEIVED APR 10 1958
MARIION CO. HEALTH DEPT.
DATE FILED APR 10 1958

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 _____

This body was not embalmed Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John S. Spard

Licensed Embalmer No. 4546

P. O. Address Wannabul, 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.