



EXPIRES  
MAY 27 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Bernard F. Wright*

Licensed Embalmer No. *4293*

P. O. Address

*Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 17744  
Local Registrar's No. 456

State of Missouri }  
County of Greene } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20th day of May, 1945, before me appears

Mrs. Opal White, who, upon her oath, states that the original record of <sup>birth</sup>/<sub>death</sub> for Marion White, <sup>died</sup>/<sub>born</sub> May 8, 1953 in the State of Missouri, and which was filed at Springfield, Mo. on May 9, 1953, should be corrected as follows:

Item No. 8 should read June 6, 1897

Instead of June 6, 1896

Item No. 9 should read 55

Instead of 56

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Opal White - wife Relationship.

1731 College, Springfield, Mo.  
Present Address.

Subscribed and sworn to before me this 20th day of May, 1945

My Commission expires July 28, 1954  
Jawee E. Kudy Notary Public.

zaman... containing... cases will not be accepted, draw one line through error and write above it.

Sup - 19744