

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.....
Signature of Student Embalmer

Signed *Anthony Bonn*.....

Licensed Embalmer No. *4613*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 22994
Local Registrar's No. 5611

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

_____ who, upon _____ oath, states that the original record of birth
for Marion Ralph Littrell died 6-21 in the State of
~~born~~ 1953 Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 7 should read Married

Instead of _____ Divorced

Item No. 14 should read Icyl Littrell

Instead of _____ Alberta Littrell

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

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

(SEAL)

Affiant: Rose W. Williams Fun. Dir
Relationship: Funeral Director

4700 Washington
Present Address.

Subscribed and sworn to before me this 5 day of August, 19453

My Commission expires 3-4-57
Reuel Padgett Notary Public.

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