

RECEIVED DUNKLIN COUNTY HEAD

DEPARTMENT 11-8-54

COUNTY FILE NUMBER 1154

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Thomas C. Knight

Signed
Student Embalmer

Licensed Embalmer No. 2189

P. O. Address Malden 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.