

APR 9 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

SEP

2 1957

SEP

5 1957

DATE RECEIVED

AUG-27 1957

SEP

SEP 30 1957

SEP 24 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Keith B. Vinson*

Licensed Embalmer No. *4*

P. O. Address *Festus*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.