

1958
MAY 6

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 ~~Oliver L. Cutting~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Oliver L. Cutting*.....

Licensed Embalmer No. *2965*.....

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