

~~FILED SEP 15 1959~~

42

Primary Registration District No.

1000

Registrar's No

949

(Licensed Embelmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Dr. John R. McDaniel
All diseases in Part I must be covered
USE ONLY BLANK

SEP 15 1958

SEP 20 1958

Dr. Mc Donnell

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *St Joseph 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.