



MISSOURI BOARD OF HEALTH  
CERTIFICATE OF EMERALGATION  
DEPARTMENT OF HEALTH

RECEIVED  
DEPARTMENT OF HEALTH  
OFFICER No. 7,  
3-40-401  
District Number 3-5-40

Date Filed

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,

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision

Signed

*J. E. Consalus*

Licensed Embalmer No. 1891

P.O. Address *Clinton 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, above space should be left blank.