

RECEIVED

District Health Officer No: 6,

District File Number 1142-1576

Date Filed NOV 9 1942

AUG 3 1945

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.....

J. P. Buchanan
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.