

MAR 31 1962

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.....

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

Signed..... *W. Wilkerson*.....

Licensed Embalmer No..... *3575*.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Missouri
County of St. Louis ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 24 day of March, 1947, before me appears Josephine Bradley wid
Josephine Bradley, who, upon her oath, states that the original record of her
or Donald V. Bradley died 2-27 1947 in the State of Missouri
and which was filed at Keck Hospital on 2-27, 1947, should be corrected as follows:

- Item No. should read Josephine Norton maiden name
Instead of
- Item No. should read " Eagle
Instead of
- Item No. should read

The above is true to the best of my knowledge, information and belief.

(SEAL)

Josephine Bradley mother
Relationship.
4417 Oakland
Present Address.

Subscribed and sworn to before me this 24 day of March, 1947.

My Commission expires 3-4-49 John J. [Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-7348