

VS MAY 15 1959

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 *Albert C. Harrington*.....

Licensed Embalmer No. *3258* Missouri.....

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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Buchanan } ss.

18715-9-28
State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 712

On this 21 day of October, 1949, before me appears.....

Paul Ceverin....., who, upon his oath, states that the original record of ~~birth~~ death

for Frances Ceverin, died July 4, 1948, in the State of Missouri, and which was filed at St. Joseph, Mo. on 7-8, 1948, should be corrected as follows:

Item No. should read.....

Instead of.....

Item No. 3a should read Frances Ceverin

Instead of Frances Severin

Item No. should read.....

Instead of.....

Item No. 6 b should read Charles Ceverin

Instead of Charles Severin

Item No. should read.....

Instead of.....

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

(SEAL) Affiant Paul Ceverin Son Relationship.

309 St. Texas St. Joseph Mo Present Address.

Subscribed and sworn to before me this 21 day of October, 1949.

My Commission Expires April, 24, 1953
My Commission expires..... W. W. Jenkins Notary Public.

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

S-1877.5