

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
Student Embalmer

Signed *D. J. Richardson*

Licensed Embalmer No. *2928*

P. O. Address *City*

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 }
County of } ss.

State File No. 25321
Local Registrar's No. 164

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears

....., who, upon oath, states that the original record of birth death
for Charles Thomas died Jan. 4-1949, 19....., in the State of
~~born~~ Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 3 should read Charles Thomas

Instead of Charles Thompson

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

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

(SEAL)

Affiant A. P. Richardson ^{F.D.}
Relationship.

2625 Glasgow

Present Address.

Subscribed and sworn to before me this 9 day of April, 1949

My Commission expires 3-4-53 Earl Paddock Notary Public.

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

