



Dr. E. E. Jones.

RECEIVED OCT 5 1  
District Health Office N  
District File Number 1049-C  
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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Homer L. Ponder

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Filbourn, 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.