

APR 22 1950
FEB 17 1950

MAR 3 1950

FEB 27 1950

MAR 8 1950

RECEIVED FEB 16 1950

District Health Office D. 6,

District File Number 250-305

Date Filed 2-10-50

MAR 12 1950

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Aurora, 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.