

RECEIVED

MAY 8 1950

DISTRICT HEALTH OFFICE No. 4

File No. SSo-651

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 _____

CODER FUNERAL HOME

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, Missouri

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.