



11-58-288

F. B. Beecher, M. D.,  
Missouri County Health Department,  
Caruthersville, Missouri

11-58-288

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 John W German

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

Licensed Embalmer No. 4355

P. O. Address Hayte, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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