

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 2 1951

Dist. File _____

Date Filed _____

APR 22 1951

RECEIVED 4-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-10-51

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, ~~_____~~

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 2080

P. O. Address _____

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.