

RECEIVED 7-28-51

Jasper County Health Office

County File Number 51/7/595

Date Filed 7-28-51

for Nov. 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Goplin 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.