

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 10 1951

RECEIVED

SEP 29 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Edward F. Boyles

Licensed Embalmer No. *45-53*

P. O. Address *Fayette 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 29642

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. _____

On this 27 day of Sept, 1951, before me appears _____

_____ who, upon _____ oath, states that the original record of ~~birth~~ death
for James Hammett Colvin, died Sept _____, 1951, in the State of
Missouri, and which was filed at Jeff City, Mo. on Sept 18, 1951, should be corrected as follows:

✓ Item No. 7 should read Married

Instead of Divorced

Item No. 14 should read Helena R Colvin

Instead of _____

Item No. 16 should read 496-26-0698

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Helena R Colvin widow Relationship.

2815 Campbell
Present Address.

Subscribed and sworn to before me this 27th day of September, 1951

My Commission expires 7-29-52 _____ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.