

Date Received: OCT 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-541716
Date Filed: OCT 2 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 _____
_____ Myself _____
working under my personal supervision. Student Embalmer No.

Signed..... E. P. Thompson _____
Student Embalmer Licensed Embalmer No. 1632
P. O. Address Shellyville, 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.