

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

RECEIVED NOV 16 1951

D'st. File 1121-2038

Date Filed 11-16-51

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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Maun B Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 4322

P. O. Address Rephely 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.