

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.

Signed.....
Student Embalmer

Signed J. Leslie Surrency

Licensed Embalmer No. 3231

P. O. Address J. Leslie Surrency

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.

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

State of Missouri }
County of Saline } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

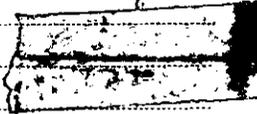
State File No. 11668-52

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 66

On this 28th day of March, 1952 before me appears Lillie Towner, who, upon her oath, states that the original record of ^{birth}~~death~~ for George Leonard Towner ^{died}~~is born~~ March 20, 1952, in the State of Missouri, and which was filed at Marshall, Mo. on March, 21, 1952, should be corrected as follows:

- Item No. 24c: should read Nashville Cemetery Nashville, Missouri
Instead of Webb City Cemetery Webb City, Missouri
- 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 X Mrs Lillie Towner Relationship.
311 South Main
Webb City, Missouri Present Address.

Subscribed and sworn to before me this 28th day of March, 1952

My Commission expires September 13, 1955 Leon J Lewis Jr. Notary Public.

