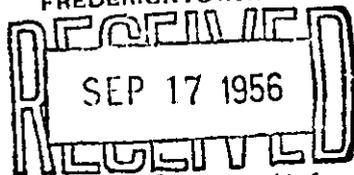


JADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE NO. 956-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, ~~co~~ by, Student Embalmer No.
~~working under my personal supervision.~~

Student
Signature of Student Embalmer

Signed Sam Najim, Jr.
Licensed Embalmer No. 42
P. O. Address Fredericktown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.