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24. BUFFIAL. CREMA- 24b DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State Name of Cemetery or Crematory 24d. Location (City, town, or county) (State Name of Cemetery or Cemetery Jeffersche City Missouri DATE RECO BY LOCAL REGISTRAR'S SIGNATURE ADDRESS WING 30-50 TUNETAL PIRECTOR'S SIGNATURE ADDRESS WING 30-50 TUNETAL HOME, Indep. Mo			he decease	d from at death occ	urred at a			te cause	, 19 a and on th	_, that I li se date sta	ast saw ted abov	the decea
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STATEMENT	RY	LICENSED	ATR A	T.R	10

I hereby certify that the body whose name is recorded on the	reverse side of this o	certificate	was embalu	red: by, me,	or by
		Studen	t: Embalmer	Ho	
orking under my personal supervision;	\bigcirc N			7	

Student Embalmer

Licensed Embalmer No. 4863

P. O. Address.

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 embalined, fact should be so stated above.