



RECEIVED

District Health Officer No. 91

District File Number \_\_\_\_\_

Date Filed 7-21-44

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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Asst. Embalmer

Licensed Embalmer No. 3010

P. O. Address Feastus 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.)

~~NOTE~~ If this body is not embalmed, fact should be so stated above.