

**Do not use this space.**

8518

## (e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

yrs.	mos.	ds.	(f) How long in U. S., if of foreign birth?	yrs.	mos.	ds.

HENRY J. JENSEN.

(a) Residence No. 3907 Sherman Place

.St. 10

(If nonresident, give city or town and State)

20. SEP 10 1937. 19 [Signature] Local Registrar

(Address) 4411/1 Sand.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buchholz L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed William G. Buchholz  
Licensed Embalmer No. 2110

**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.)**