

CERTIFICATE OF DEATH

35393

Do not use this space.

(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.
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(If nonresident, give city or town and State)

(Licensed Embalmer's Statement on Reverse Side)

(Address) 6125 10th

61-100-936-1100

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

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

Signed _____

Licensed Embalmer No. _____

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.)