

Handwritten notes and scribbles at the top of the page, including the number '2' and some illegible text.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-168

Date Filed 9/20/38

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 the above constitutes grounds for revocation of license.)