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RECEIVED

District Health Officer No. 114

District File Number 39-95

Date Filed MAR 9 1939

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

O. L. Robinson

Registered Apprentice No.

working under my personal supervision.

Signed

O. L. Robinson

Licensed Embalmer No.

3244

P. O. Address

Jamesport

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 embalmed, above space should be left blank.