

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES

HEALTH SERVICES DIVISION

FORM 10-1

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,

Me

or by

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

Signed

Jameel E. Richards

Licensed Embalmer No.

2466

P. O. Address

Lepton, Miss

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.