

MAY 9 1946

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CHICAGO, ILLINOIS

William Bely
10-11-35

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 _____

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

Signed W. Bely

Licensed Embalmer No. 4043

P. O. Address _____

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.