

RECEIVED

District Health Officer No. 10

District File Number 10-39-813

Date Filed MAY 3 1939

STATEMENT BY LICENSED EMBALMER

I, W F Kelly, Licensed Embalmer No. 195-5

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W F Kelly

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.)