



RECEIVED

District Health Officer No. 10

District File Number 10-39-905

Date Filed MAY 4 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 J. W. Comstock

Registered Apprentice No. 122 working under my personal supervision.

Signed John W. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville

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.