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RECEIVED

Director of Health Officer No. 6,

District File Number 939-1868

Date Filed SEP 11 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,

George Stapp, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. 316

P. O. Address Wm. Brown Jr.

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.