

Dr. Joseph C. Lbersch,
Office Artyle Bldg.,
Vic: 7888. Verify this.

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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. me

working under my personal supervision.

Signed L. H. Wise

Licensed Embalmer No. #2590

P. O. Address Kansas City Mo

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.