



RECEIVED JAN 17 1950

District Health Office No. 6,

District File Number 150-75

Date Filed 1-19-50

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, ~~only~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*J. W. Maple*

Licensed Embalmer No.

*2985*

P. O. Address

*Cleves 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.