



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup> by me, or by.....

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

..... working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 440 405

Date Filed 4-11-20

Signed.....

*R. J. McCaw*

Licensed Embalmer No. 3953

P. O. Address Rolla

**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.**