

Primary Registration District No. 1003

23. Signature [Signature] (M. D. or other) 1/1/74
Address 5014 Thekla Ave. Date signed 10/3/74

(Licensed Embalmer's Statement on Reverse Side)

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.

working under my personal supervision.

Signed

Frank H. Hunt

Licensed Embalmer No. 2265

P. O. Address 4600 9th Bridge

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.