

23. Signature *James J. Reilly* (M. D. or other) /  
Address *5321 Bostwick* Date signed \_\_\_\_\_

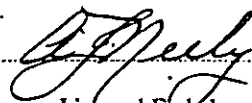
(Licensed Embalmer's Statement on Reverse Side)

875 Main Valhalla  
To 0635  
2-4 PM

**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 \_\_\_\_\_



Licensed Embalmer No. 3225

P. O. Address 1125 Hodiament Ave

**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.