

RECEIVED

District Health Officer No. 6;

District File Number 941-1437

Date Filed SEP 8 1941

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

me
working under my personal supervision.

Registered Apprentice No. _____

Signed

Licensed Embalmer No. 3822

P. O. Address Seice City, Md.

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, fact should be so stated above.