

RECEIVED
District Health Office No. 2,
District File Number 642-804
Date Filed JUN 23 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed A. T. Phelps
Licensed Embalmer No. 3231
P. O. Address Caplan Blue...

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.