



RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-8-43

STATEMENT BY LICENSED EMBALMER

I, L. Y. Parkers, Licensed Embalmer No. 25-47

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed L. Y. Parkers

Licensed Embalmer No. 25-47

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.)