

Registrar's No.

23. Signature C. O. Bennett (M. D. or other) \_\_\_\_\_

**WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD**

1943 1131

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1143-1396

Date Filed 11-3-43

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

*Mamie Bipling Liff*

Licensed Embalmer No.

3242

P. O. Address

*Chaffee Mo*

**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.**