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				5-2440
/ O > (Dicement impairmes a difficultation)				

WAS L WAR

## RECEIVED

District File Number 544-389
Date Filed

## STATEMENT BY LICENSED EMBALMER

	• .		•	• •
I houseless appetifes that t	he hady whose name is recorded on	the reverse side of this certificate was embalme	d by me or by	
i nereby certify that t	the body whose hame is recorded on t	the teacher side of this continuate was companied	a b)c, or o)	
• •	$z^{\Gamma}$		•	
	•	Registered Appr	entice No	

working under my personal supervision.

Signed Wallace Houry

Licensed Embalmer No. 402.7

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.