

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-22-45

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.....

Not embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John M. Quinn

Licensed Embalmer No. 1470

P. O. Address House Spring 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.