

NOV 1 1946

RECEIVED
District Health Officer No. 10
District No. 10-46-1885
OCT 14 1946

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 Deaf

....., Registered Apprentice No.....
working under my personal supervision.

Signed A. B. Wells

Licensed Embalmer No. 1588

P. O. Address Wallerville, 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.