

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-23-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by myself or by _____

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

Signed Lepton E. Ayo

Licensed Embalmer No. 3094

P. O. Address Gilat Grove, N

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.