



Dr. L.V. Garvin  
(Off) 2767a Park Avenue LA 1844 ✓  
(Res) 3907 Potomac Street PR.4007 ✓

6864

---

---

**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..... *J R Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette*

**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.**