



APR 5 1949

RECEIVED

District Health Officer No. 7,

District File Number 1-49-82

Date Filed 2-14-49

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 \_\_\_\_\_

W. W. Northrop

Student Embalmer No. 247

working under my personal supervision.

Signed W. W. Northrop  
Student Embalmer

Signed E. H. Primm

Licensed Embalmer No. 4282

P. O. Address Humansville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.