

RECEIVED
District Health Officer No. 9,
District File Number
MAY 14 1949
Date Filed

MAY 5 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

M. W. Willenbrink

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

*4517
Washington, Missis.*

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.