

RECEIVED JUN 20

District Health Officer No. 8,

District File Number _____
Date Filled 6-20-49

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 _____

Richard V. Drummond Student Embalmer No. 103
working under my personal supervision.

Signed Richard V. Drummond
Student Embalmer

Signed James E. Slater
Licensed Embalmer No. 343
P. O. Address Slater

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.