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(Licensed Embalmers Stafement on Reverse Side)				Stafement on Reverse Side)		

District File Number. Distriot Health Officer No. 9, *8181 3UA RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate was embaimed by me, or by
Louis D. Phillips & Leo Whitaker	Student Embelmer No. 314

working under my personal supervision.

Licensed Embalmer No...3.663

P. O. Address_Eldon

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.