



RECEIVED OCT 3  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 10-3-49

OCT 1 1949

OCT 10 1949

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 \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Student Embalmer No. \_\_\_\_\_  
Signed [Signature]  
Licensed Embalmer No. 4270  
P. O. Address Nashua

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

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