



REC-100  
District Health Officer No. 7  
District File Number 11-49-145  
Date Filed 12-12-42

---

**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 HL

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed W. B. Cherry

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

Licensed Embalmer No. 2612

P. O. Address Fort Scott, Kansas.

**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.