

RECEIVED MAY 2

District Health Officer No. 8,

District File Number

Date Filed

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.

Student

Student Embalmer

Student Embalmer No.

Signed

L. L. Ripard

Licensed Embalmer No.

3970

P. O. Address

Mendon N.

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.