

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-8-50
District Health Officer No. 5,
District File Number 550280
Date Filed 5-10-50

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 *Bryan McCord*

Licensed Embalmer No. 4079

P. O. Address *May 10, 1950*

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.