

(Licensed Embalmer's Statement on Reverse Side)

File No. _____

DISTRICT HEALTH OFFICE No. 4

103 - 1850

RECEIVED

Received 10/1/50

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 *me*

Student Embalmer No. _____

working under my personal supervision.

Signed _____

W. R. Hammond

Signed _____

Student Embalmer

Licensed Embalmer No. *2251*

P. O. Address *Libt Mo.*

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.