



DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED JUN 18 1951

Dist. File 62-1-1342

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JUL 11 1951

SEP 20 1951

SEP 3 1951

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 \_\_\_\_\_

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

working under my personal supervision.

Signed [Signature]

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

Licensed Embalmer No. 3432

P. O. Address Westham, Md

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.