

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

RECEIVED

SEP 17 1951

Dist. File 927-1626

Date Filed 9-19-51

SEP 27 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 L. Ernest Beeny

Signed _____
Student Embalmer

Licensed Embalmer No. 4203

P. O. Address Shelton 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.