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DEC 21 1951

DISTRICT HEALTH OFFICE No. 6

STATEMENT BY LICENSED EMBALMER

		_							1	,
I hamabu aasti		y whose name is					_	not	Couleals	ned
i nereby certi:	ty that the bod	y whose name is	s recorded on	the reverse	side of	this certifica	te was eml	salmed by me	r or by	
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	***************************************		••••••			, Stud	ent Embali	ner Ho	·	

working under my personal supervision.

igned Glayd B. Russell

Licensed Embalmer No Vog- ale

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.