

RECEIVED JAN 20 1955
MARION CO. HEALTH DEPT.
DATE FILED JAN 20 1955

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, ~~John~~ John....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lessie L. Wilcox.....

Licensed Embalmer No. 2014.....

P. O. Address Monroe City.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.