

Always There 2-1
1923 State of Ohio

Embalmed
Date of Embalming
Place of Embalming
Name of Deceased
Age of Deceased
Sex of Deceased
Color of Deceased
Cause of Death
Place of Burial
Name of Undertaker
Signature of Undertaker
Date of Certificate

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.

Student
Signature of Student Embalmer

Signed *Thomas R. Fenwick*

Licensed Embalmer No. *37*

P. O. Address *3125 Lay*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.