

RECEIVED
Miss. Co. Health
County File No. _____
Date Filed 5-7

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.. This body was not embalmed.

Student _____
Signature of Student Embalmer

Signed Edward N. Ruffin

Licensed Embalmer No. 5022
2501 Poplar St.
P. O. Address Cairo, Illinois

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.