



STATEMENT BY LICENSED EMBALMER  
FOR THE DISTRICT OF COLUMBIA  
AND THE TERRITORY OF MARYLAND

RECEIVED  
District Health Officer No. 71  
District File Number 7-29-1282  
Date Filed 10-1-29

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,

*J. E. Consalus*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*J. E. Consalus*

Licensed Embalmer No. 1891

\*P. O. Address *Clinton, 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, above space should be left blank.