

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.....

....., Registered Apprentice No.....

RECEIVED

working under my personal supervision.

District Health Officer No. **5,**

District File Number **640 677**

Date Filed **6/24/0**

Signed.....

Robert E. Ferguson

Licensed Embalmer No.

3945

P. O. Address

Lehigh Mo.

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.