

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 04-6-8

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.....

Ric Alford

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

working under my personal supervision.

Signed *Ric Alford*

Licensed Embalmer No. *3572*

P. O. Address *Jedalia Mrs*

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, fact should be so stated above.