



RECEIVED

Miller County Health Dep't

County File Number 40-85

Date Filed 8/12/40

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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.....

Louis D. Phillips....., Registered Apprentice No.....  
working under my personal supervision.

Signed Louis D. Phillips  
Licensed Embalmer No. 3663  
P. O. Address 6000

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.