

RECEIVED

District Health Office

District File Number

Date Filed

5-8-16
160

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.....

Was not embalmed

Registered Apprentice No. *3*

working under my personal supervision.

Signed *Amely White*

Licensed Embalmer No. *3012*

P. O. Address *Orutan, N.C.*

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.