



RECEIVED  
RECEIVED  
District Health Office No. 2,  
District File Number 1045-315  
Date Filed 10-31-45

**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.....  
working under my personal supervision.

Signed Lynnan Steele  
Licensed Embalmer No. 2476  
P. O. Address Hexter 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, fact should be so stated above.**