



RECEIVED 12-9-48  
District Health Officer No. 5,  
1248763  
Date filed 12-9-48

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.....

*Not Emb*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Embert E. Ferguson*.....

Licensed Embalmer No. *3945*.....

P. O. Address *Licking 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.