



RECEIVED

District Health Officer Walter W.

District File Number 24931

Date Filed FEB-1-6-1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Albert Skinner

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 757

P. O. Address Macon No

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.