

RECEIVED DEC 17 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 17 1951

MAY 24 1952

APR 6 1956

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, _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Lyman H. Spunkle*

Licensed Embalmer No. 4013

P. O. Address Columbia, Md.

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.