

RECEIVED
NOV 29 1954
LUTHER CO. HEALTH CENTER
FILE No. _____

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 -----Me-----, Student Embalmer No. ----- working under my personal supervision..

Student -----
Signature of Student Embalmer

Signed *Richard O. Ermer* -----

Licensed Embalmer No. 872

P. O. Address Corning, Ar

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.