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(Licensed Embalmer's Statement on Reverse Side)	۶	DATE READ BY LOCAL	L REGISTRAR'S	SIGNATURE Oddie	25. FUNERAL DIRECTO	erst Adesi	rater, Mrs			
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	s certificate v	vas embalm	led by me, or by		
· · · · · · · · · · · · · · · · · · ·	, Student	Embalmer	No		
vorking under my personal supervision.					
		_			

Signed Jours Signed Licensed Embalmer No. 2282

P. O. Address Daspuster 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.