



Name of Deceased \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Name of Embalmer \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Date of License \_\_\_\_\_  
 Name of Student \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Date of License \_\_\_\_\_  
 Name of Embalmer \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Date of License \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Harvey Kable

Licensed Embalmer No. 4596

P. O. Address Flouissant

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.