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1950 Care / Sunth McLaughlin 2501 Larayette Avenue	DATE REC'D BY LOCAL	REGISTRAS SIG	NATURE 20	A Z //		
	II	Jeans	/sunth			e avenue
		w g.s	(Licensed Embali	ner's Statement on Reverse	Side)	

Dr. Richard Jones,MD 3720 Washington Bl.

2-4 p.m. Mon.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is rec	corded on the reverse side of this certificate was embal	lmed by me, or by
		r No
corking under my personal supervision.	-1/4 F	_
	7/-4 7	- -

Licensed Embalmer No Colary

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.