

Form No. 2A

Precinct..... *Jumna*

Township.....

Village or Town..... *Jumna*

Decedent's Full Name..... *Dr. Sully*

Cause of Death..... *Pneumonia*

Medical Attendant..... *Harry A. Skyles*

Place of Burial..... *Jumna*

Embalmer..... *Chas. McAuliffe*

If Permit is for Disinterment of Body Already Interred, State: Date of Original Burial..... 19.....

A Certificate of Death having been filed in my office in accordance with the laws of the Territory of Alaska, I hereby authorize the *Burial* of the body of said deceased person as stated above.

(BURIAL, REMOVAL OR DISINTERMENT)

In cases of death from a dangerous communicable disease, or disinterment of a body already interred, the preparation of the body must be conducted according to the rules and regulations contained in bulletin of Aug. 28, 1915, issued by the Territorial Registrar of Vital Statistics.

Dated..... *Sept 27* 19 *26* Precinct..... *Jumna*

(TOWN) Div'n No. *18* Alaska

Burial permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place, and preserved by him. When the body is to be shipped to a distant point, requiring the service of a common carrier, the body must be prepared for shipment according to the rules and regulations of Aug. 28, 1915, and must be accompanied by a transit permit containing the certificate of the embalmer, which is to be attached to the box containing the body.

TERRITORY OF ALASKA
BUREAU OF VITAL STATISTICS
BURIAL OR REMOVAL PERMIT

No. *18*
Sept 24 19 *26*

Age *50* Sex *Male* Color *White*

If to be Removed, _____
Place of Removal _____

(If to be Transported by Common Carrier Transit Permit is Required. See Form 2B.)

Address..... *Jumna*

V. P. ...
(United States Commissioner.)

Jumna Div'n No. *18* Alaska