Form No. 2A		
	TERRITORY OF ALASKA	
Precinct	BUREAU OF VITAL STATIS	STICS No2/0
Township	BURIAL OR REMOVAL PERM	IT S O .//
Village or Town	Date of Death	
Decedent's Full Name Joyn	studolph Age mal	
Cause of Death	geologia	<i>U</i>
Medical Attendant Dr. 7 C Drues		
(If to be Remo	
Place of Burial	Place of Remo	
(If to be Transported by Common Carrier Transit Permit is Required. See Form 2B.)		
Embalmer Thas W Cartis Address June an		
If Permit is for Disinterment of Body Already Interred, State: Date of Original Burial19		
A Certificate of Death having been filed in my office in accordance with the laws of the Territory of Alaska,		
I hereby authorize the		
In cases of death from a dangerous ment of a body already interred, the conducted according to the rules and of Aug. 28, 1415, issued by the Terri	preparation of the body must be regulations contained in bulletin torial Registrar of Vital Statistics.	(United States Commissioner.)
Dated Sarch		WN) Alaska
where burial takes place, and presen	the undertaker to the sexton or other pers	ons in charge of the burial grounds or cemetery of to a distant point, requiring the service of a and regulations of Aug. 28, 1915, and must be ach is to be attached to the box containing the body.