

**Funeral of** Mrs. Irene Adams

**Date of Funeral** September 25, 1943 **Hour** 10 A m. **From** Westside Chapel

Removal From _____	5	00	CASH EXPENDITURES		
Embalming _____	25	00	Door Dressing _____		
Professional Services _____ Hearse	15	00	Palms _____		
Use of Chapel _____ Car	8	50	Flowers _____		
Use of _____ Doz. Chairs _____ Rug _____					
Drapery _____ Candelabra _____					
Candles _____ Prayer Rail _____			Pall Bearers _____		
Crucifix _____ Bier _____			Funeral Notices _____		
Casket No. _____ Mfr. _____	179	50			
Style _____					
Finish _____					
Interior No. _____ Color _____			Clergyman _____		
			Sexton _____		
Outside Case _____			Organist _____ Soloist _____		
Mountings _____			Church Charges _____		
Vault Style _____			New Grave New Crown Opening _____	27	00
Delivery To _____			Grass & Device _____ Tent _____		
Burial Garment _____					
Slippers _____ Hosiery _____			Vault Charges _____		
Slumber Blanket _____			Crematory Charges _____		
Gloves _____			Gratuities _____		
Cremation Urn _____					
Acknowledgement Cards _____			Telephone _____ Telegrams _____		
			Transportation _____		
			Casket Coach _____		
			Limousines _____ Flower Cars _____		
			Transcript of Death _____		
Total of Services & Merchandise	173	00	Total Cash Expenditures	27	00
			Total Services & Merchandise	173	00
			Total Amount of Invoice	200	00

Deceased Mrs. Irene Adams

Date of Death September 21, 1943

Place of Death 1002 North Grand

Last Place of Residence Same

Birth Place Terre Haute Indiana

Date of Birth April 22, 1900

Age 43 Years 4 Months 29 Days \_\_\_\_\_ Hours

Sex Female Color or Race negro

Single \_\_\_\_\_ Married ☒

Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Length of Residence U. S. Life

State 33 years City 33 years

Usual Occupation Unemployed

Industry or Business \_\_\_\_\_

Husband's Name Ralph Adams Age 61

Wife's Maiden Name \_\_\_\_\_ Age \_\_\_\_\_

Father's Name James Saulsbury

Birth Place Kentucky

Mother's Maiden Name Ellen Lewis

Birth Place Indiana

Social Security No. \_\_\_\_\_

If Veteran, what War \_\_\_\_\_

Cause of Death \_\_\_\_\_

Physician Coroner Address \_\_\_\_\_

Informant Mrs. Stella Hicks

Address 543 North Elder St.

Date of Interment 9-25-43

Cemetery New Crown

Location Section 16.

Row 8

Lot or Grave No. 13.507

Ordered By \_\_\_\_\_

Address \_\_\_\_\_

Charged To Mrs. Stella Hicks

Address 543 North Elder St.

Invoice Date \_\_\_\_\_

Estate Atty. \_\_\_\_\_

Address \_\_\_\_\_

### CUSTOMER'S PAYMENT RECORD

200.00

DATE		AMOUNT PAID	BALANCE DUE
9-24-43	By Cash	27.00	173.00
10-7-43	Empire Ins. Check	20 0 60	—
10-7-43	Paid Balance	173 00	—
	Returned to Mrs. Hicks	27 60	—

PAID