Account No. 299 1939

Funeral of Mr. Earnest Allen

Date of Funeral Shipped to Jeffersonville, Ind. **Hour** 11-6-43 **From**

Removal From		5	00	**CASH EXPENDITURES**	
Embalming		25	00	Door Dressing	
~~Professional Services~~	Shipping Box	17	50	Palms	
~~Use of Chapel~~	" Service	15	00	Flowers	
Use of ___ Doz. Chairs ___ Rug				Insurance certificate	1 00
Drapery ___ Candelabra				Railroad transportation	10 36
Candles ___ Prayer Rail				Pall Bearers	
Crucifix ___ Bier				Funeral Notices	
Casket No. ___ Mfr.		165	00		
Style					
Finish					
Interior No. ___ Color				Clergyman	
				Sexton	
Outside Case				Organist ___ Soloist	
Mountings				Church Charges	
Vault Style				New Grave ___ Opening	
Delivery To				Grass & Device ___ Tent	
Burial Garment				Vault Charges	
Slippers ___ Hosiery				Crematory Charges	
Slumber Blanket				Gratuities	
Gloves					
Cremation Urn				Telephone ___ Telegrams	
				Transportation	
Acknowledgement Cards				Casket Coach	
				___ Limousines ___ Flower Cars	
				Transcript of Death	
				Total Cash Expenditures	11 36
				Total Services & Merchandise	227 50
Total of Services & Merchandise		227	50	Total Amount of Invoice	238 86

Deceased Mr Ernest Allen
Date of Death 11-4-43
Place of Death City Hospital
Last Place of Residence 852 N. California St.

Birth Place Jeffersonville, Ind.
Date of Birth February 21, 1891
Age 52 Years 8 Months 14 Days Hours
Sex male Color or Race Colored
Single Married —
Widowed Divorced
Length of Residence U. S. Life
State Life City 40 years
Usual Occupation Laborer
Industry or Business
Husband's Name Age
Wife's Maiden Name Pearl Allen Age 58
Father's Name Albert Allen
Birth Place Kentucky
Mother's Maiden Name Amanda Nelson
Birth Place Kentucky
Social Security No. 315-01-7644
If Veteran, what War (Dilatation Carcinoma)
Cause of Death acute cardiac ~~[illegible]~~ of Larynx)
Physician Carl B. Sputh Jr. Address City Hospital
Informant Mrs. Pearl Allen
Address ~~1826 N. Capital ave~~ no such number
Date of Interment Shipped 11-6-43
Cemetery Jeffersonville, Ind.
Location " "

Lot or Grave No.

Ordered By
Address
Charged To Mr. William Allen
Address ~~810 Blake St. # 71~~
Invoice Date
Estate Atty.
Address

CUSTOMER'S PAYMENT RECORD

238.86

DATE		AMOUNT PAID	BALANCE DUE
11-5-43	By cash	15.86	223.00
11-23-43	Empire Ins. Check	221.12	1.88
1-30-44	Paid in full	1.88	—

PAID