

Account No. 1238Funeral of Mr. Allen Fillmore,Date of Funeral 9/20/41 Where From Metropolitan Hour 2 P.M.

		CASH EXPENDITURES	
Removing Remains	5 00		
Embalming Fluid Used	15 00	Door Dressing	
Laying Out Shaving Dressing		Use of Palms	
Reposing Couch Candelabra Candles		Flowers	
Dozen Chairs			
Casket Bier or Pedestals		Porters Gloves	
Casket No. Size	122 00	Funeral Notices	
House	12 00		
Metal Inner Casket Bronze Copper Zinc		Clergymen	
Casket Interior Material Color		Church Charges Sexton	
Name Plate Engraved		Quartette or Soloist Organist	
Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany	10 00	Honorary Pallbearers	
Metal Inner Box			
Metal Corners Handles Plate			
Burial Vault Style		Cemetery Charges <u>New Crown</u>	20 00
Box or Vault Delivered to		New Grave Opening Grave	
Cremation Urn		Location of Grave	
Burial Garment		<u>Sec. 16</u>	
Foot Wear Hosiery		<u>Row 1</u>	
Slumber Blanket		Grave or Lot No. <u>12.381</u>	
Professional Service		Use of Lowering Device	
Use of Chapel		Forevergreen Grass Tent	
Background Drapery		Receiving Vault Charges	
Use of Rugs		Crematory Charges	
<u>2 Cars</u>	16 00	Auto Hearse Funeral Cars	
		Telegrams Telephone Charges	20 00
<u>Total amt. mdr. &amp; services</u>	180 00	Transportation Expenses	180 00
		Transcript of Death <u>Total amt. Invoice</u>	200 00

164  
Residence 2305 N. Capitol ave.  
If Non Resident  
Give City, Town & State

Hospital or Institution \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Give Name of Hospital \_\_\_\_\_

Sex m Color or Race negro Single ☐ Married ☐  
Widowed ☒ Divorced ☐

Wife, Husband of \_\_\_\_\_

Age of Husband, Wife if Alive \_\_\_\_\_

Age 89 Years 1851 Months 12 Days 25

Usual Occupation Retired

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

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

If U. S. War Veteran Specify War \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Birth Place Franklin, Ky.

Mother's Maiden Name Unknown  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Mother's Birthplace Ky.

Informant Joseph Allen Relation if Any son

Address 357 W. 27th St.

Date of Death \_\_\_\_\_ Month 9 Day 17 Year 41 1:10 a.m.

Physician V. P.

Address City Hospital

Cause of Death Arterio-Sclerosis, Senility

Clergyman Rev. G. H. Johnson Pastor

Ordered by Mr. Joseph Allen

Address 357 W. 27th St.

Charged to Marion Co. Bd. of Pub. Welfare

When rendered \_\_\_\_\_

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

200 00

1941  
Sept. 22 By Cash 75.00  
Nov. 3 Marion Co 25.00

200 00

**PAID**