

Account No. 3992
Funeral of Miss Hazel Opal Allen
Date of Funeral Sept. 5, 1950 Hour 1 pm From Westside Chapel

Removal From			CASH EXPENDITURES		
Embalming			Door Dressing		
Professional Services	68	75	Palms		
Use of Chapel			Flowers		
Use of _____ Doz. Chairs _____ Rug _____					
Drapery _____ Candelabra _____					
Candles _____ Prayer Rail _____			Pall Bearers _____		
Crucifix _____ Bier _____			Funeral Notices _____		
Casket No. <u>03250 (Blue)</u> Mfr. _____	81	25			
Style _____					
Finish _____					
Interior No. _____ Color _____			Clergyman <u>Rev G. Evans</u>	5	00
			Sexton _____		
Outside Case _____			Organist _____ Soloist _____		
Mountings _____			Church Charges _____		
Vault Style _____			New Grave <u>New Cross</u> Opening _____	59	00
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 of Services & Merchandise	15	00	Total Cash Expenditures	64	00
			Total Services & Merchandise	150	00
			Total Amount of Invoice	214	00

Deceased <u>Miss Hazel Opal Allen</u>		Ordered By _____	
Date of Death <u>September 1, 1950</u>		Address _____	
Place of Death <u>Sunnyside Sanitarium</u>		Charged To <u>Mrs. Beatrice Allen - mother</u>	
Last Place of Residence <u>904 W. 10th Street</u>		Address <u>904 W. 10th Street</u>	
Birth Place <u>Indianapolis, Indiana</u>		Invoice Date <u>no such number</u>	
Date of Birth <u>July 24, 1929</u>		Estate Atty. _____	
Age <u>21</u> Years <u>1</u> Months <u>7</u> Days _____ Hours _____		Address _____	
Sex <u>female</u> Color or Race <u>Negro</u>			
Single <input checked="" type="checkbox"/> Married _____			
Widowed _____ Divorced _____			
Length of Residence U. S. <u>life</u>		CUSTOMER'S PAYMENT RECORD <u>214.00.</u>	
State <u>life</u> City <u>life</u>			
Usual Occupation <u>Hotel Maid</u>		DATE	
Industry or Business _____		AMOUNT PAID	
Husband's Name _____ Age _____		BALANCE DUE	
Wife's Maiden Name _____ Age _____			
Father's Name <u>Albert Allen</u>			
Birth Place _____			
Mother's Maiden Name <u>Beatrice Ray</u>			
Birth Place _____			
Social Security No. <u>304-26-4351</u>			
If Veteran, what War <u>no</u>			
Cause of Death <u>Pulmonary Tuberculosis</u>			
Physician <u>M. F. Guzman, M.D.</u> Address <u>Sunnyside Sanitarium</u>			
Informant <u>Mrs. Beatrice Allen</u>			
Address <u>904 W. 10th Street</u>			
Date of Interment <u>September 5, 1950</u>			
Cemetery <u>New Crown</u>			
Location <u>Sec. 17</u> <u>Row 18</u>			
Lot or Grave No. <u>18.129</u>			