

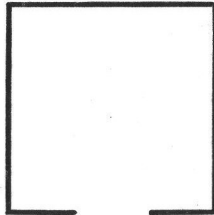
Account No. 934Funeral of Allen, Mr. LewisDate of Funeral May 29, 1940

Hour _____ M.

Removing Remains	5 00	<u>CASH EXPENDITURES</u>			
Embalming	25 00	Door Dressing			
Shaving, Dressing and Washing		Palms			
Casket No. _____ Size <u>101.70</u>	<u>101.70</u>	Flowers			
<u>Hearse</u> <u>(17⁰⁰)</u>	<u>12 00</u>				
Metal Inner Casket					
Copper _____ Zinc _____					
Handles No. _____		Pall Bearers and _____ Gloves _____			
Name Plate No. _____		Funeral Notices <u>1.55</u>		<u>1 55</u>	
Lining and Pillow Set No. _____					
Outside Case, Pine, Chestnut, Oak, Mahogany, Cypress	<u>12 00</u>	<u>Cleaning Suit & Tie</u>			<u>75</u>
Metal Lined Box					
Mountings _____ Handles _____ Plate _____		Clergyman _____			
Metal Vault, Style _____		Sexton _____			
Box Mattress _____		Quartette, Soloist _____			
Burial Garment _____		Organist _____			
Slippers _____		Delivering Box to _____			
Gloves <u>to wear</u>	<u>10</u>	Opening Grave _____ Lining <u>Floral Park?</u>		<u>33 00</u>	
Doz. Chairs _____		Vault Charges _____			
Personal Attendance and Assistants _____	<u>16 00</u>	Auto Hearse _____			
<u>2 Cars</u>		Funeral Cars _____			
Drapery _____		Conveyance for Flowers _____			
Candelabra _____ Candles _____					
Pedestals _____					
Rug _____		Telegrams _____ Telephone _____			
		Transportation Expenses _____			
		TOTAL OF CASH EXPENDITURES		<u>35 30</u>	
TOTAL OF MDSE. & SERVICES	<u>162.70</u>	TOTAL OF MDSE. & SERVICES		<u>162.70</u>	
		TOTAL AMOUNT OF INVOICE		<u>200 00</u>	

Old Age Pension

Date of Death *May 27, 1940*
 Place of Death *534 Douglass Street*
 Place of Funeral _____
 Clergyman _____
 Date of Burial *May 29, 1940*
 Where Interred *Glacial Park*
 Grave or Lot No. *8 Row 7 Section K-7*
 Location of Grave *29*



Date of Birth *August 8, 1873*
 Age *66* Years *8* Months *29* Days
 Color *"C"* Occupation *Retired*
 Single, Married, Widow, Widower *Married*
 Birthplace *Memphis, Tennessee*
 Last place of residence *Indiana*
 How Long resident of this Country _____ State _____ City _____
Wife
 Husband's Name *Victoria Allen*
 Father's Name *Unknown*
 Country of Birth _____
 Mother's Name _____
 Country of Birth _____
 Physician *I. N. Turner*
 Cause of Death *Cerebral Hemorrhage*

Ordered by *Mrs. Charles Anna Thomas*
 Charge to *534 Douglass St.*
 When rendered *Mrs. Victoria Allen*
1345 Doyle St.

RECEIVED ON ACCOUNT
Old Age Pension. Filed.

TO TOTAL FUNERAL CHARGES

200 00
204 00

1940

July 10

Paid in full
And in Full
Adf

2 99 00

PAID