Account No. 146 2139

Funeral of Mr. John Franklin Allison

Date of Funeral June 22, 1944 Hour 2:30 P.M. From Westside Chapel

Removal From		5	00	**CASH EXPENDITURES**
Embalming		25	00	Door Dressing
Professional Services	Hearse	15	00	Palms
Use of Chapel	2-7 passanger Cars	17	00	Flowers
Use of ____ Doz. Chairs ____ Rug				
Drapery ____ Candelabra				
Candles ____ Prayer Rail				____ Pall Bearers
Crucifix ____ Bier				Funeral Notices
Casket No. ____ Mfr.		300	00	
Style				
Finish				
Interior No. ____ Color				Clergyman Rev. M. C. Lawler
				Sexton
Outside Case				Organist ____ Soloist
Mountings				Church Charges
Vault Style				New Grave Crown Hill 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
				Total Services & Merchandise
Total of Services & Merchandise		362	00	Total Amount of Invoice

Deceased Mr. John Franklin Allison
Date of Death 6-19-44 4:30 a m
Place of Death 445 west 29th Street
Last Place of Residence 724½ North Senate ave.

Birth Place Franklin, Ky.
Date of Birth August 18, 1906
Age 37 Years 10 Months 1 Days ____ Hours ____
Sex male Color or Race Colored
Single ____ Married ✓
Widowed ____ Divorced ____
Length of Residence U. S. Life
State 21 years City 21 years
Usual Occupation Chef Cook
Industry or Business Hendricks Terminal Corp.
Husband's Name ____ Age ____
Wife's Maiden Name May Ella Allison Age 32
Father's Name John Allison
Birth Place Kentucky
Mother's Maiden Name Laura Willis
Birth Place Kentucky
Social Security No. 303-07-1803
If Veteran, what War ____
Cause of Death ____
Physician Lowery Address ____
Informant Mrs. Laura Allison
Address 724½ North Senate ave. moved
Date of Interment 6-22-44
Cemetery Crown Hill
Location Section 99 Row
Lot or Grave No. 1752

Ordered By ____
Address ____
Charged To Mrs. Laura Allison (mother)
Address 724½ North Senate ave.
Invoice Date moved
Estate Atty. ____
Address ____

CUSTOMER'S PAYMENT RECORD 362.00

DATE		AMOUNT PAID		BALANCE DUE	
7-6-44	Paid in full	362	00	—	