

Account No. 1375

Funeral of Mrs. Alice Irene,

Date of Funeral 3-3-'42

Hour 1 pm From St. Paul m. E. Ch.

| | | | | |
|---|---------------------------|--|--------------|--|
| Removal From | 10 00 | CASH EXPENDITURES | | |
| Embalming | | Door Dressing | | |
| Professional Services | 15 00 | Palms | | |
| Use of Chapel | | Flowers | | |
| Use of _____ Doz. Chairs _____ Rug _____ | | | | |
| Drapery _____ Candelabra _____ | | | | |
| Candles _____ Prayer Rail _____ | | Pall Bearers _____ | | |
| Crucifix _____ Bier _____ | | Funeral Notices _____ | | |
| Casket No. _____ Mfr. _____ | House 12 50 | | | |
| Style _____ | | | | |
| Finish _____ | | | | |
| Interior No. _____ Color _____ | | Clergyman Rev. Hardrick | | |
| | | Sexton _____ | | |
| Outside Case _____ ✓ | | Organist _____ Soloist _____ | | |
| Mountings _____ | | Church Charges _____ | | |
| Vault Style _____ | | New Grave New cross Opening | 27 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 No Car | | Casket Coach _____ | | |
| | | _____ Limousines _____ Flower Cars _____ | | |
| | | Transcript of Death _____ | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total of Services & Merchandise | 37 50 | Total Cash Expenditures | 27 00 | |
| | | Total Services & Merchandise | 37 50 | |
| | | Total Amount of Invoice | 64 50 | |

Deceased Mrs. Irene Adams
Date of Death _____
Place of Death Detroit Mich.
Last Place of Residence _____

Birth Place _____
Date of Birth _____
Age _____ Years _____ Months _____ Days _____ Hours _____
Sex Female Color or Race negro
Single _____ Married _____

Widowed _____ Divorced _____
 Length of Residence U. S. _____ *Life*
 State _____ City _____

Usual Occupation.

Industry or Business

Husband's Name _____ Age _____

Wife's Maiden Name _____ Age _____

Father's Name

Birth Place

Mother's Maiden Name

Birth Place

Social Security No.

If Veteran, what War

Cause of Death

Physician _____ Address _____

Informant Mr. Charles Alamo

Address 2530 W. Hillside Ave

Date of Interment 3-3-42

Cemetery *Old Crown*

Location *Sec. 13*

End 2

Lot or Grave No. 12,633

Ordered By Mr. Chas. Alums
Address 2530 N. Hillside Ave
Charged To _____
Address _____
Invoice Date _____
Estate Atty. _____
Address _____

CUSTOMER'S PAYMENT RECORD

| DATE | | AMOUNT PAID | BALANCE DUE |
|---------|-------------|-------------|-------------|
| 1942 | cr. | | |
| Mar. 11 | Chas. Alums | 50 00 | 14 50 |
| Apr. 18 | " " | 14 50 | <u>0</u> |
| PAID | | | |