

Funeral of Mr. George Anderson, Jr. Account No. 5833  
Date of Funeral Oct. 16, 1954 Hour 10 A.M. From East Side Chapel

Removal From			CASH EXPENDITURES		
Embalming		49	Door Dressing		
Professional Services		249 50	Palms		
Use of Chapel			Flowers		
Use of _____ Doz. Chairs _____ Rug _____					
Drapery _____ Candelabra _____			Pall Bearers		
Candles _____ Prayer Rail _____			Funeral Notices		
Crucifix _____ Bier _____					
Casket No. 011600 Mfr.		290 00	Motorcycle Escort	6 50	
Style _____			Lady Attendant	3 00	
Finish _____			Clergyman Rev. C. Henry Bell	5 00	
Interior No. _____ Color _____			Sexton		
Outside Case _____			Organist 3.00 Soloist 3.00	6 00	
Mountings _____			Church Charges		
Vault Style _____			New Grave New Crown #15 Opening	94 00	
Delivery To _____			Grass & Device Tent		
Burial Garment _____			Head Stone Cement Foundation	8 00	
Slippers _____ Hosiery _____			Vault Charges		
Slumber Blanket _____			Crematory Charges		
Gloves _____			Gratuities		
Cremation Urn _____			4-Insurance Certificates	4 00	
Acknowledgement Cards _____			Telephone _____ Telegrams _____		
			Transportation _____		
			Casket Coach _____		
			_____ Limousines _____ Flower Cars _____		
			Transcript of Death _____		
			Total Cash Expenditures	126 50	
			Total Services & Merchandise	539 50	
Total of Services & Merchandise		539 50	Total Amount of Invoice	666 00	

Stone Delivered to New Crown  
1-31-55

To be paid by State of Ind. - 108.00; by Nat Adm - 150.00

Deceased <u>Mr. George Anderson, Jr.</u>		Ordered By _____					
Date of Death <u>October 13, 1954</u>		Address _____					
Place of Death <u>General Hospital</u>		Charged To <u>Mrs. Anna Anderson</u>					
Last Place of Residence <u>450 W. 25th St.</u>		Address <u>450 W. 25th St. 8</u>					
Birth Place <u>Enfola, Oklahoma</u>		Invoice Date <u>Nov 3-7636</u>					
Date of Birth <u>January 18, 1894</u>		Estate Atty. _____					
Age <u>60</u> Years <u>9</u> Months <u>12</u> Days _____ Hours _____		Address _____					
Sex <u>Male</u> Color or Race <u>Negro</u>							
Single _____ Married <u>Married</u>							
Widowed _____ Divorced _____							
Length of Residence U. S. <u>Life</u>		CUSTOMER'S PAYMENT RECORD					
State _____ City <u>25 years</u>							
Usual Occupation <u>Cement Finisher</u>		DATE		AMOUNT PAID		BALANCE DUE	
Industry or Business <u>Firm Local 532</u>		11/4/54		Mrs. Anderson - Cash from Ins. Co. - 328.90		250 00 416 00	
Husband's Name _____ Age _____		11-8-54		" " " 175.00		158 00 258 00	
Wife's Maiden Name <u>Anna Anderson</u> Age <u>48</u>		11/15/54		Insurance p. H. S. Co.		150 00 108 00	
Father's Name <u>George Anderson, Sr.</u>		11/18/54		Insurance of Mrs. Co. Co.		108 00	
Birth Place _____							
Mother's Maiden Name <u>Wattie Bender</u>							
Birth Place _____							
Social Security No. <u>306-16-0790</u>							
If Veteran, what War <u>2d. 2d. 1</u>							
Cause of Death <u>Diphtheria of C.H.S.</u>							
Physician <u>Fred C. Tucker, M.D.</u> Address <u>General Hosp.</u>							
Informant <u>Mrs. Anna Anderson</u>							
Address <u>450 West 25th St.</u>							
Date of Interment <u>October 16, 1954</u>							
Cemetery <u>New Crown</u>							
Location _____							
Sec <u>16A</u> Row <u>21</u>							
Lot or Grave No. <u>21.150</u>							

A refund of \$28.90 paid to Mrs. Anderson out of Ins. Co. of \$328.90 after payment of \$250.00.